

Reinventing health and social care in Kosovo in the 1990s: the role and legitimisation strategies of the Mother Teresa Society

Julia Nietsch

Following the revocation of Kosovo's autonomy in 1989, a large part of Kosovo-Albanians working in healthcare were dismissed or pressured to resign from public institutions, and the Kosovo-Albanian population lost trust in Serbian-led public health structures. Associations channelled help to Kosovo-Albanians who had lost their employment. The Mother Teresa Society, founded in 1990, progressively opened branches and health centres throughout Kosovo with the help of thousands of volunteers to guarantee the continuity of health and social care.

The lost trust in the Serbian-led institution was not automatically "transferred" to the new Kosovo-Albanian health actors. The Mother Teresa Society had to continuously renew its legitimisation, although it was one of the largest Kosovo-Albanian associations. In a healthcare system characterised by a complex "entanglement" of actors, the Mother Teresa Society, supported by the Catholic Church and by international associations, entertained relationships of co-operation and competition with the Kosovo-Albanian "parallel" government structures, with public and private health institutions in Kosovo, and with the Serbian government.

The Mother Teresa Society showed new ways of providing health and social services and reinvented health and social care in a decade characterised by multiple transformations: by the progressive dismantlement and delegitimation of the Socialist Federal Republic of Yugoslavia, and by the construction of a new Kosovo-Albanian state.

In the 1990s the Mother Teresa Society went beyond its declared mission of providing health care and social welfare. It blurred the boundaries between the private, associational realm and the public realm through its co-operation with the Kosovo-Albanian "parallel" government structures and their relationship of mutual legitimisation, its role as an "associational diplomat", and the "government-like" legitimisation strategies it developed.

Keywords: Kosovo, Associations, Voluntary work, Health and social care, Legitimation strategies

Parole chiave: Kosovo, Associazioni, Volontariato, Assistenza sociale e sanitaria, Strategie di legittimazione

Introduction

The Kosovan welfare sector underwent important transformations in the 1990s, a decade characterised by the progressive dismantlement of the Socialist Federal Republic of Yugoslavia, the abolition of the autonomy and self-government of the Socialist Autonomous Province of Kosovo, and by the construction of a so-called

“parallel” Kosovo-Albanian state¹. The healthcare sector was particularly affected by these transformations, leading associations working in health and welfare to negotiate a new role and position. This article will discuss how one of the largest Kosovo-Albanian associations, the Mother Teresa Society (Shoqata Nëna Terezë in Albanian) legitimated setting up an alternative health system in Kosovo in the 1990s.

In the 1990s, Kosovan associations working in the health and welfare sector found themselves confronted with unprecedented needs. In March 1989 the Kosovo provincial assembly abolished the autonomous status of Kosovo granted by the 1974 constitution and dissolved the Kosovan political institutions. «Temporary measures» decided by the Serbian Parliament at the beginning of the 1990s to counter special «emergency» circumstances led to the centralisation of all authority in Belgrade². Following these «temporary measures» (defined by Kosovo-Albanians as «forced» and «violent» measures) most Kosovo-Albanians in managerial positions in the public sector and in public companies were dismissed or pressured to resign³. Public companies and the media were taken over by their Serbian counterparts. In a second step, Kosovo-Albanian employees were dismissed, often for refusing to sign loyalty oaths to the Serbian government⁴. The healthcare sector in Kosovo was particularly affected by the dismissals of Kosovo-Albanian medical staff⁵.

In response to the revocation of Kosovo’s autonomy, to the centralisation of power in Belgrade, and to the mass dismissals of Kosovo-Albanians from public institutions, a “parallel” Kosovo-Albanian education system and “parallel” government structures were set up between 1990 and 1992. They were organised around the main Kosovo-Albanian political party, the Democratic League of Kosovo (Lidhja Demokratike e Kosovës, LDK) and financed by (more or less) voluntary individual contributions.

Also, many associations were created to help the Kosovo-Albanians who had lost their employment, and to the families who depended upon their salaries. In the healthcare sector, associations such as the Mother Teresa Society, Handikos⁶, or the

¹ The Kosovo-Albanian “parallel” state of the 1990s is sometimes called “shadow” state or “parallel” society. B. Pula, *The Emergence of the Kosovo “Parallel State”, 1988-1992*, in «Nationalities Papers», n. 4, 2004, pp. 797-826, here p. 797.

² D. Kostovicova, *Kosovo: The Politics of Identity and Space*, Routledge, London-New York 2005, pp. 78 ff.; T. Judah, *Kosovo: War and Revenge*, Yale Univ. Press, New Haven 2002, p. 61.

³ D. Kostovicova, *Kosovo*, cit., p. 187; G. Demolli, *Bijtë e nënës*, Koha, Prishtinë/Priština 2014, pp. 19, 51; N. Malcolm, *Kosovo: A Short History*, Pan Macmillan, London 2002, pp. 343 ff.

⁴ D. Kostovicova, *Kosovo*, cit., p. 78 ff.; T. Judah, *Kosovo*, cit., p. 62; S. Maliqi, *Kosova: Separate Worlds: Reflections and Analyses 1989-1998*, MM Society- Dukagjini, Prishtinë/Priština 1998, pp. 35 ff.; N. Malcolm, *Kosovo*, cit., pp. 343 ff.

⁵ International Crisis Group, *Kosovo Spring*, Prishtinë/Priština-Sarajevo, 20 March 1998, p. 25 (<https://www.crisisgroup.org/europe-central-asia/balkans/kosovo/kosovo-spring>); Cfr. G. Demolli, *Bijtë e nënës*, cit., pp. 14, 51; Cfr. L. Jones, *Letter from Kosovo: Coping with Serbian Repression in an Albanian Population*, in «British Medical Journal», n. 6896, 1993, pp. 112-114, here p. 113.

⁶ Handikos, also known as the Society of Paraplegics and Paralysed Children of Kosovo (in Albanian, Shoqata e paraplegjikëve dhe paralizës së fëmijëve të Kosovës), was founded in 1983 to support people suffering from paraplegia and other forms of disability. In the 1990s, the association was among the largest in Kosovo, present in

Kosovo Red Cross started to provide basic health and welfare services to those most in need. They were part of a larger voluntary movement of “self-organisation” and acted as focal points for distributing international aid to Kosovo.

The Mother Teresa Society was founded in 1990, and progressively, opened branches and health centres throughout Kosovo to guarantee the continuity of health and social care. The Mother Teresa Society was headed by a Catholic priest, Dom Lush Gjergji⁸. The Society had its roots in the intellectual circles of Kosovo’s Albanian Catholic minority⁹, which represented about 2% of the Kosovan population¹⁰ and was well respected amongst a predominantly Muslim Kosovo-Albanian population¹¹. The Society did not have a formal link with Anjezë Gonxhe Bojaxhiu, known to the world as Mother Teresa, a Catholic nun of Albanian origin born in Skopje (today North Macedonia, then the Ottoman Empire) in 1910 from Albanian parents. Nor was the Mother Teresa Society linked to the congregation Mother Teresa founded in Calcutta in 1950, dedicated to helping the poor. Still, Mother Teresa allegedly gave her benediction to the fact that the Society was named after her¹².

The Mother Teresa Society did not deploy its healthcare activities on its own, but relied on multiple co-operations with a variety of actors¹³: the Kosovo-Albanian “parallel” structures and the LDK, and of course, the Serbian government, as it was registered in Belgrade according to Yugoslav law¹⁴. The Mother Teresa Society was also well connected internationally, with (Catholic) associations, dignitaries of the Catholic church, but also with UN organisations. Adopting a relational approach, inspired by Kerstin Jacobsson and Elżbieta Korolczuk¹⁵, I will focus on the Mother

all municipalities like the Mother Teresa Society, with which it had a close co-operation. In 1990, it had to rethink its way of working when it lost all financial support from the state and when its Kosovo-Albanian beneficiaries stopped receiving state financial aid.

⁷ L. Gjergji, *Interview*, Kosovo Oral History Initiative, Prishtinë/Priština, 19 May 2015, (<https://oralhistorykosovo.org/dom-lush-gjergji/>).

⁸ L. Gjergji is currently the Vicar General of the Kosovo Diocese. He was born in 1949, in a small village in rural eastern Kosovo, attended a Catholic classical gymnasium in Croatia, and studied philosophy, theology, and psychology in Rome. Cfr. his interview and his biography on the Kosovo Oral History website (*L. Gjergji, Interview*, cit.).

⁹ *Ibid.*

¹⁰ *Le Nouvel Islam Balkanique: Les Musulmans, Acteurs Du Post-Communisme, 1990-2000*, eds. X. Bougarel, N. Clayer, Maisonneuve et Larose, Paris 2001, p. 212.

¹¹ Kosovo-Albanians value the role played by the Catholic Church in advancing the Albanian national cause in the 19th and 20th centuries. N. Malcolm, *Kosovo*, cit., p. 272; D. Kostovicova, *Kosovo*, cit., pp. 32, 35; International Crisis Group, ‘Religion in Kosovo’, ICG Balkans Report (Prishtinë/Priština, 31 January 2001), 7, <https://www.crisisgroup.org/europe-central-asia/balkans/kosovo/religion-kosovo>.

¹² FAKTE me Adnan Merovci, *FAKTE: Shoqata Bëmirëse Humanitare “Nëna Terezë” 1990-1999*, Prishtinë/Priština, 24 January 2022, (<https://www.youtube.com/watch?v=KI-8PV6PXt4>).

¹³ I understand co-operation as joint efforts and action towards a common goal, in opposition to confrontation and conflict. However, these are two extremes; co-operation takes place on a wide spectrum between those two poles, and is never devoid of conflict, as power relations are present also in co-operative actions. P. Canivez, *Qu’est-ce que l’action politique?*, Vrin, Paris 2013, pp. 7 ff., 13 ff.

¹⁴ Zef Shala, Interview conducted in Prishtinë/Priština, 3 March 2004, oral interview, recorded, 3 March 2004.

¹⁵ K. Jacobsson and E. Korolczuk advocate «to conceptualize civil society as a process of building relations and achieving collective goals rather than a stable object of research», emphasizing the interactions between different

Teresa Society's interactions with these actors, pointing out co-operations, but also conflicts over power and legitimation. In a context of delegitimation of the Socialist state institutions and of everything linked to the government of the (Socialist) Republic of Serbia, a multitude of Kosovo-Albanian actors, "old" and "new", positioned themselves to take over functions previously fulfilled by the state. How did the Mother Teresa Society legitimate itself in the complex interplay with other actors? What role did the association play in the 1990s, specifically in relation with the Serbian state and with the Kosovo-Albanian "parallel" structures? How does this affect the boundaries between state and non-state actors, which «have [...] proven to be quite porous in historical practice»¹⁶, especially in the health and welfare sector¹⁷?

Adopting a sociological, descriptive approach to legitimacy, I examine how the Mother Teresa Society legitimated itself in the 1990s. Neither do I discuss how legitimate the Mother Teresa Society was, nor compare the legitimacies of different actors. I rather look at "narratives" through which the Mother Teresa Society's «[legitimation] strategy [or strategies] is [or are] justified and sustained»¹⁸, and at relations with other actors which (de)legitimate the Society's activities. I focus on the legitimation process, which I understand as the process through which an association strives to be recognised by its members, beneficiaries, and stakeholders as having a valid claim to perform its activities, take decisions, and exert power. My definition is based on Amanda Greene's reflections on legitimacy as "assent to rule", as social acceptance of authority, which are inspired by Max Weber's work¹⁹. I however proceed to a double adaptation of A. Greene's definition: 1) I examine the legitimation process and do not enter the philosophical debate on the essence of legitimacy; 2) I do not consider states, but associations.

This article reflects part of my ongoing doctoral work on associations in Kosovo in the 1990s and 2000s, based on ethnographic research²⁰. In a previous publication

actors, «while also identifying patterns of conflict/avoidance and cooperation». K. Jacobsson, E. Korolczuk, *Mobilizing Grassroots in the City: Lessons for Civil Society Research in Central and Eastern Europe*, in «International Journal of Politics, Culture, and Society», n. 2, 2020, pp. 125-142.

¹⁶ F. Giomi, S. Petrunaro, *Voluntary Associations, State and Gender in Interwar Yugoslavia. An Introduction*, in «European Review of History/Revue Européenne d'histoire», n. 1, 2019, pp. 1-18, here p. 1; Cfr. E. Avdela, D. Vassiliadou, «*Sauver l'enfant Dévoiyé: La Société Pour La Protection Des Mineurs d'Athènes Après La Guerre*», in «Revue d'histoire de l'enfance "irrégulière"», n. 18, 2016, pp. 299-317.

¹⁷ F. Giomi, C. Keren, M. Labbé, *Productive Entanglements: The Dynamics of Public-Private Interactions in the History of Social Protection, in Public and Private Welfare in Modern Europe: Productive Entanglements*, eds. F. Giomi, C. Keren, M. Labbé, Routledge, Abingdon-Oxon-New York 2022, pp. 1-15.

¹⁸ Honorata Mazepus et al. look at states and look at legitimation strategies, defined as «the type of actions they [the regimes] utilize to foster their political legitimacy». H. Mazepus et al., *A Comparative Study of Legitimation Strategies in Hybrid Regimes*, in «Policy Studies», n. 4, 2016, pp. 1-20, here p. 3.

¹⁹ According to A. Greene, «a state is legitimate to the degree that it is regarded by its subjects as having a valid claim to rule. That is to say, its subjects willingly accept the validity of the claim to rule made by those in the ruling organization [...]». A.R. Greene, *Legitimacy without Liberalism: A Defense of Max Weber's Standard of Political Legitimacy*, in «Analyse & Kritik», n. 2, 2017, pp. 295-323, here p. 314.

²⁰ Originally, my research and the interviews I conducted focused on the relations between associations, government institutions, and international organisations. Cfr. J. Nietsch, *Civil Society in Kosovo: The Interaction*

on the Mother Teresa Society, which uses similar sources as this one, I focused on volunteering, while this article will examine the Society's legitimation strategies. To analyse the Mother Teresa Society's role in the 1990s I draw on three interviews with Zef Shala, who started as a volunteer and later became the Financial Manager and then Executive Director of the Mother Teresa Society²¹, on two interviews conducted by the Kosovo Oral History Initiative²² with Dom Lush Gjergji (Father Gjergji), co-founder and President of the Mother Teresa Society²³, and on two interviews I conducted with former volunteers²⁴. I also use the following written materials retrieved from the association's website at different points in time directed to an Albanian- and/or English-speaking public with access to the Internet: a publication co-authored by L. Gjergji, published in Italian by a Catholic publisher, and thus probably aimed at Italian/Italian-speaking Catholic officials, maybe also at a more general Catholic public in Italy²⁵. A collection of press articles on the Mother Teresa Society compiled by Gani Demolli, a doctor who became the founder and director of the Health Service of the Mother Teresa Society in the 1990s. Later on, he also worked for the World Health Organisation in Kosovo (1999-2001) and for the communal Department of health and social welfare of Prishtinë/Priština until his retirement (2001-2004)²⁶.

The interviews and publications provide a unique insight into the activities and legitimation strategies of the Mother Teresa Society in the 1990s and into how other actors helped legitimating the Society from the outside²⁷. However, these materials are clearly situated and have to be understood in their context, which the article will strive to explicit. The publication co-authored by L. Gjergji and by Valentino Salvoldi, an Italian Catholic priest, translates a Kosovo-Albanian "insider" vision of the happenings of the 1990s, or more exactly the vision of the circles close to the main Kosovo-Albanian party LDK in the beginning of the 1990s. Actually, the first part written by V. Salvoldi comprises a lengthy transcription of an interview

between Local NGOs and the Provisional Institutions of Self-Government, OSCE Mission in Kosovo, Democratization Department, Prishtinë/Priština 2004; ead., *Civil Society in Kosovo: The Interaction between Local NGOs and the Provisional Institutions of Self-Government*, Austrian Institute for International Affairs, Wien 2006. Although my approach has changed, I reuse these interviews for my doctoral work and for this article.

²¹ Zef Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Zef Shala, Interview conducted in Prishtinë/Priština, 15 March 2004, oral interview, recorded, 15 March 2004; Zef Shala, Interview conducted in Prishtinë/Priština, 6 October 2017, oral interview, recorded, 6 October 2017.

²² The researchers of the Initiative have been recording life stories since 2012. Their ambition is to «rescue the voices and experiences of people – leaders and common folk – that Kosovo's changeable official histories have condemned to amnesia» (<https://oralhistorykosovo.org/about-us/>).

²³ Gjergji, Interview, 19 and 25 May 2015.

²⁴ Mihane Nartilë Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018, 23 February 2018; Hëna Bajrami (name changed), Phone interview, Prishtinë/Priština-Paris, 25 February 2018, 25 February 2018.

²⁵ V. Salvoldi, L. Gjergji, *Resistenza nonviolenta nella ex-Jugoslavia. Dal Kossovo la testimonianza dei protagonisti*, Editrice Missionaria Italiana, Bologna 1993.

²⁶ G. Demolli, *Bijtë e nënës*, cit. The Albanian title means "Sons of the Mother".

²⁷ Cfr. in particular the press articles on the Society reprinted in *ibid.*, and the part written by V. Salvoldi in V. Salvoldi, L. Gjergji, *Resistenza nonviolenta*, cit.

with Ibrahim Rugova, president of the LDK, who was elected president of Kosovo in “parallel” elections. As to the collection of press articles on the Mother Teresa Society, it seems to be based on a personal collection of Kosovo-Albanian press articles compiled by Demolli, while he was one of the leaders of the Mother Teresa Society. The articles are reprinted in an approximate chronological order, and cover different themes, from inaugurations of health centres to their functioning, or reprints of roundtables or interviews on the health situation in Kosovo. While the majority of articles is positive or neutral concerning the Society’s actions, some articles are very critical of the Mother Teresa Society, highlighting disfunctions or conflicts within the Society. The compilation comprises articles exclusively written in Albanian for a Kosovo-Albanian public. Although there does not seem to be a marked selection bias in favour of the Mother Teresa Society, we need to keep in mind that the articles reflect the vision of journalists who were member of the Kosovo-Albanian community in the 1990s.

Moreover, many of the secondary literature I quote on the 1990s in Kosovo were written by authors who can be considered as having a (more or less asserted) proclivity for Kosovo-Albanian sources and viewpoints. While the compilation of interviews with “parallel” President I. Rugova is clearly a documentation on the latter’s political vision for Kosovo²⁸, other monographies seem more nuanced at first sight, but rely on a majority of Kosovo-Albanian primary and secondary sources²⁹.

In order to reduce the selection bias in my primary and secondary sources – which is partly induced by the relatively small number of sources on Kosovo, the Kosovo-Albanian community, and Kosovo-Albanian associations in the 1990s –, I combine and intersect “pro-Albanian” sources and compare how different sources describe an event or a situation. When possible, I also cross them with more balanced sources³⁰. Then, in a discourse-analysis approach, I contextualise the statements and hypothesis made by the interviewees and authors, provide background information on the authors in order to reflect on the objectives of the speakers in a given social, political, economic, and cultural context.

²⁸ I. Rugova, *La Question Du Kosovo*, eds. M.-F. Allain, X. Galmiche, Fayard, Paris 1994.

²⁹ Cfr. for example A. Hetemi, *Student Movements for the Republic of Kosovo: 1968, 1981 and 1997*, Palgrave Macmillan, Cham (CH) 2020; S. Maliqi, *Kosova*, cit.; N. Malcolm, *Kosovo*, cit.; H. Clark, *Civil Resistance in Kosovo*, Pluto Press, London 2000; L. Jones, *Letter from Kosovo*, cit.

³⁰ For example, «Comparative Southeast European Studies», *Kosovo in the Yugoslav 1980s*, eds. R. Pichler, H. Grandits, R. Fotiadis, n. 2-3, 2021; B. Horvat, *Kosovsko Pitanje*, Globus, Zagreb 1988; International Crisis Group, *Kosovo Spring*, cit.; International Crisis Group, *Religion in Kosovo*, Pristina/Brussels, 31 January 2001 (<https://www.crisisgroup.org/europe-central-asia/balkans/kosovo/religion-kosovo>); J.-A. Dérens, *Kosovo, Année Zéro*, Paris-Méditerranée, Paris 2006; T. Judah, *Kosovo*, cit.; *Yugoslavia and After: A Study in Fragmentation, Despair and Rebirth*, ed. D.A. Dyker, Longman, London 1999; *Le Nouvel Islam Balkanique*, eds. X. Bougarel, N. Clayer, cit.; D. Kostovicova, *Kosovo*, cit.; D. Buwa, H. Vuori, *Rebuilding a Health Care System: War, Reconstruction and Health Care Reforms in Kosovo*, in «European Journal of Public Health», n. 2, 2007, pp. 226-230; J.D. Bloom et al., *Ethnic Segregation in Kosovo’s Post-War Health Care System*, in «European Journal of Public Health», n. 5, 2007, pp. 430-436; D.A. Shuey et al., *Planning for Health Sector Reform in Post-Conflict Situations: Kosovo 1999-2000*, in «Health Policy», n. 3, 2003, pp. 299-310.

The first two sections of this article will introduce the transformations in Kosovo in the 1990s, their repercussions on health and social care, and on the increased complexity of the health sector in Kosovo. In sections 3 to 6 I will focus on the legitimacy challenges encountered by the Mother Teresa Society's and the legitimization strategies developed in answer to those challenges.

*The 1990s: Challenging times for healthcare in Kosovo*³¹

The healthcare sector in Kosovo was particularly affected by the «emergency measures» taken by the Serbian government³². Between August 1990 and early 1991, Kosovo-Albanians working at the Prishtinë/Priština Medical Faculty and in faculty clinics were dismissed via a decision based on the so-called «temporary measures»³³. Out of 8,547 Kosovo-Albanian healthcare workers employed in fifty-seven public hospitals and clinics, 1,855 were dismissed in 1990-1991, including 403 of 1,897 physicians³⁴. Other sources mention approximately 2,400-2,500 dismissed health professionals³⁵. The medical studies of future doctors, nurses, and midwives were disrupted by the closure of the Medical Faculty for Kosovo-Albanian students. When the academic year 1991-1992 started, the whole university «became void of an Albanian presence»³⁶.

The dismissals represented only a fifth of Kosovo-Albanian healthcare professionals, but were mainly concentrated in Prishtinë/Priština in the clinics of the Medical Faculty, the main institutions of tertiary care in Kosovo. Moreover, as dismissals were concentrated in the capital, they were particularly visible³⁷. The dismissed health professionals were replaced with health professionals «from elsewhere in Yugoslavia as well as from other countries»³⁸, at least in part. Yet, this still meant an important reduction in Albanian-speaking healthcare workers in a context where Serbian-Albanian bilingualism was in sharp decline in both the Kosovo-Albanian and Kosovo-Serb communities³⁹. According to an article published in the

³¹ This section and parts of the coming sections draw on my doctoral research on the Mother Teresa Society, part of which has been published in 2020: J. Nietsch, *The Mother Teresa Society. Volunteer Work for the Kosovo-Albanian "Parallel Structures" in the 1990s*, in «Südosteuropa», *Volunteering and Voluntary Associations in the Post-Yugoslav States*, ed. Ana Kladnik, n. 2, 2020, pp. 200-224.

³² International Crisis Group, *Kosovo Spring*, cit., p. 25; Cfr. G. Demolli, *Bijtë e nënës*, cit., pp. 14, 51.

³³ D. Kostovicova, *Kosovo*, cit., pp. 83 ff.; Cfr. also I. Rugova, *La Question Du Kosovo*, cit., pp. 69 ff.

³⁴ International Crisis Group, *Kosovo Spring*, cit., p. 25; Cfr. G. Demolli, *Bijtë e nënës*, cit., p. 51. G. Demolli mentions 403 dismissed physicians out of a total of 1,987.

³⁵ J.D. Bloom et al., *Ethnic Segregation*, cit., p. 430.

³⁶ These measures were subsequently applied to the whole university, which «became void of an Albanian presence» when the academic year 1991-1992 started. D. Kostovicova, *Kosovo*, cit. pp. 83 ff.; Cfr. also I. Rugova, *La Question Du Kosovo*, cit., pp. 69 ff.

³⁷ G. Demolli, *Bijtë e nënës*, cit., p. 64; D. Kostovicova, *Kosovo*, cit. p. 82.

³⁸ J.D. Bloom et al., *Ethnic Segregation*, cit., p. 430.

³⁹ In the 1990s, many Kosovo-Albanians, especially the younger generations schooled in the 1980s, possessed hardly more than a very basic knowledge of the Serbian language. In 1974 Albanian became an official language

Kosovo-Albanian magazine «Bujku»⁴⁰ in 1993, there were no Albanian-speaking midwives and doctors in the delivery room of the Maternity Clinic in Prishtinë/Priština⁴¹, which created communication and trust issues for Albanian-speaking pregnant women⁴². This was not a coincidence: the Gynaecological and Maternity Clinic of the Medical Faculty in Prishtinë/Priština was one of the main targets, in order to counter what Serb nationalists called the «Albanian demographic conquest of Kosovo» through a sustained high birth rate⁴³. Indeed, there was a «heated and controversial debate» around the transformation of Kosovo's ethnic structure in the decades preceding the 1990s: the rapid growth of the Kosovo-Albanian population in the second half of the 20th century coincided, from the 1960s onwards, with an outflow of Serbs and Montenegrins, affecting the share of the Serb population in Kosovo, which fell from 23.7% in 1961 to 13.2% in 1981⁴⁴.

The Kosovo-Albanian majority population lost trust in Serbian-led public health-care institutions and looked for alternatives, especially after unproven rumours about Albanian children being poisoned circulated among Kosovo-Albanians in spring 1990⁴⁵. Many Kosovo-Albanians turned to associations such as the newly founded Mother Teresa Society, the Red Cross, or Handikos, which provided free health services and paramedical support in centres established in private homes, with help from international associations and UN organisations.

The Mother Teresa Society was created in 1990, right at the beginning of this crisis, to provide free healthcare services to anyone coming to its centres and to

in Kosovo along with Serbian. Education in Albanian language developed massively in the 1970s (cfr. A. Hete-mi, *Student Movements for the Republic of Kosovo*, cit., pp. 115 ff.). Moreover, the 1980s saw a rise of tensions between the Kosovo-Albanian and Kosovo-Serb population (cfr. D. Kostovicova, *Kosovo*, cit., pp. 59 ff.; T. Judah, *Kosovo*, cit., pp. 42 ff.). As a consequence, bilingualism decreased, both among Kosovo-Serbs and Kosovo-Albanians, although these latter were still taught Serbian as a foreign language until the end of the 1980s. J.-A. Dérens quotes the example of the Kosovo-Serb and Montenegrin community in Pejë/Peć, who gradually cut their contacts with the Kosovo-Albanian community, although many of them spoke Albanian (J.-A. Dérens, *Kosovo, Année Zéro*, cit., p. 206.). The same happened on the Kosovo-Albanian side, reducing young people's contacts with the other community and thus language competences.

⁴⁰ «Bujku» (The Farmer) was a Yugoslav Albanian-language magazine for farmers which however discussed a broad range of issues: at the beginning of the 1990s it «replaced» the Albanian-language daily «Rilindja» after the latter was outlawed by the Serbian authorities and «gradually transformed the publication into a general daily newspaper». In 1993 it issued about 10,000 copies six times a week. Like «Rilindja», «Bujku» had strong ties with the LDK and I. Rugova. *Open Wounds: Human Rights Abuses in Kosovo*, Human Rights Watch, New York 1993, pp. 103 ff.

⁴¹ G. Demolli, *Bijtë e nënës*, cit., p. 14.

⁴² Cfr. L. Jones, *Letter from Kosovo*, cit., p. 114.

⁴³ D. Kostovicova, *Kosovo*, cit., p. 83. According to the Statistical yearbook of Yugoslavia 1986, quoted by Branko Horvat, there was an annual natural population increase of 0.7% in Yugoslavia, while Kosovo's population increased by 2.5% or three and a half times more. B. Horvat, *Kosovsko Pitanje*, cit., p. 181; Cfr. also the figures quoted by R. Pichler, H. Grandits, R. Fotiadis, *Kosovo in the 1980s-Yugoslav Perspectives and Interpretations*, in «Comparative Southeast European Studies», *Kosovo in the Yugoslav 1980s*, cit., p. 174.

⁴⁴ Ibid.

⁴⁵ N. Malcolm, *Kosovo*, cit., p. 345; International Crisis Group, *Kosovo Spring*, cit., p. 25; I. Rugova, *La Question Du Kosovo*, cit., pp. 71 ff.; J.-A. Dérens, *Kosovo, Année Zéro*, cit., pp. 100 ff.

distribute food aid and basic hygiene materials to poor families. Indeed, the mass dismissals had dire economic consequences in Kosovo, the poorest region of Yugoslavia, which particularly suffered from the economic crisis of the 1980s⁴⁶. As only a small part of the population received a salary, job-holder usually supported several family and community members, who were also confronted with financial hardships when the job holders lost their income.

Moreover, in the 1990s, state social transfers to Kosovo-Albanians were discontinued. Kosovo-Albanian pensioners stopped receiving their pensions earned before the 1990s, as the Kosovo pension funds were taken over by the former Socialist Republic of Serbia⁴⁷. Shkëlzen Maliqi and Jens Sörensen estimate that in the 1990s «at least 30% of Kosovo-Albanians depended on direct support from their relatives abroad»⁴⁸. Yet, while the remittances sent by «[s]everal hundred thousand Albanians living in Western Europe and the USA» played «a crucial role», they were «a problematic source of income», as they were «by no means regular», as the senders sometimes had to prioritise supporting a family of their own in the West⁴⁹.

With the end of state transfers, and with the mass-dismissals of people formerly holding relatively secure jobs in the public administration or public companies, people who were dependent on aid from their relatives and from social welfare were the first to suffer. In a region with already low living standards, and after a decade of economic crisis, it became even more difficult for many people to make ends meet.

The sanitary situation in Kosovo, already precarious in the 1980s⁵⁰, worsened in the 1990s with the rise of poverty. The child mortality rate, already the highest in Europe, rose⁵¹; infectious diseases such as typhus or hemorrhagic fevers spread and became a major problem with 91 local epidemics registered in Kosovo between 1991 and 1994, according to Kosovo-Albanian doctors⁵². Kosovo-Albanian health

⁴⁶ V. Bojčić, *The Disintegration of Yugoslavia: Causes and Consequences of Dynamic Inefficiency in Semi-Command Economies*, in *Yugoslavia and After*, ed. D.A. Dyker, cit., p. 41, table 3.2.

⁴⁷ T. Latifi, *Poverty and Social Security from the Perspective of Post-War Political, Societal and Family Transformations in Kosovo. Macro- and Micro-Level Points of View*, in «Ethnologia Balkanica», *Cultures of Crisis in Southeast Europe*, v. 1, *Crises Related to Migration, Transformation, Politics, Religion, and Labour*, n. 18, 2015, p. 260. T. Latifi explains that «However, Kosovo did not have the same political status as the other former federal republics. All other Yugoslav successor states took over the socialist welfare system and adapted it to the new conditions. The Kosovo Pension Funds were absorbed by the Serbian Republic. [...] Many people in Kosovo have not yet received their pension savings of before the 1990s [...]».

⁴⁸ J.S. Sörensen, *The Shadow Economy, War and State Building: Social Transformation and Re-Stratification in an Illiberal Economy (Serbia and Kosovo)*, in «Journal of Contemporary European Studies», n. 3, 2006, p. 335; S. Maliqi, *Kosova*, cit., pp. 109, 241.

⁴⁹ J.S. Sörensen, *The Shadow Economy*, cit., p. 335.

⁵⁰ In 1990, only 44% of the population had access to drinking water and only 28,9% to a sewage system. G. Demolli, *Bijtë e nënës*, cit., p. 61; I. Rugova, *La Question Du Kosovo*, cit., p. 71.

⁵¹ It more than doubled between 1989 and 1993 according to a newspaper articles quoted by the editors of I. Rugova, *La Question Du Kosovo*, cit., p. 61, footnote 3.

⁵² G. Demolli, *Bijtë e nënës*, cit., p. 61; Cfr. I. Rugova, *La Question Du Kosovo*, cit., p. 71.

experts blamed the lack of trust in the public health system for a rapid decline in the populations' vaccination rate⁵³.

The Mother Teresa Society, (re)shaping its role in a complex healthcare sector

With the help of more than 7,000 volunteers⁵⁴, the Mother Teresa Society provided, throughout the 1990s, free social and primary healthcare services to the population and operated a Kosovo-wide network of health centres from private houses. In the 1990s it became one of the largest associations in Kosovo. "Municipal Profiles" published at the beginning of the year 2000 by the Organisation for Security and Co-operation in Europe (OSCE) confirm that the Mother Teresa Society was among the most active associations in Kosovo in the 1990s⁵⁵.

In all interviews with leaders of the Mother Teresa Society, in all Albanian-language newspaper articles on the Mother Teresa Society, and in all brochures and publications written in English or Italian for international use, we find a striking enumeration of figures on the numbers of the Society's branches, health centres, and beneficiaries. While in 1992, the Society started operating its first small health centre in a private house in Prishtinë/Priština, in January 1996, the Society already had 60 health centres in 23 towns of Kosovo with 218 doctors and 336 medical assistants, according to Demolli, head of the Mother Teresa Society health service, quoted in a Kosovo-Albanian newspaper⁵⁶. In 1993, according to its President L. Gjergji, writing for an international public, the Mother Teresa Society assisted 250,000 "poor" people in Kosovo with food and basic goods and had registered around 50,000 Kosovan families who were threatened by poverty⁵⁷. Howard Clark quotes a Mother Teresa Society handout from 1997 which mentions circa 350,000 beneficiaries of humanitarian aid in 1992⁵⁸. These numbers quoted in newspaper and on the handouts were clearly used by the Society's leaders to legitimate the Mother

⁵³ G. Demolli, *Bijtë e nënës*, cit., p. 60; L. Jones, *Letter from Kosovo*, cit., p. 114.

⁵⁴ ... as claimed by sources close to the Mother Teresa Association: cfr. Z. Shala, Interview conducted in Prishtinë/Priština, 15 March 2004; G. Demolli, *Bijtë e nënës*, cit., p. 18; H. Clark, *Civil Resistance in Kosovo*, cit., p. 107.

⁵⁵ For example, in the predominantly rural municipality of Shtime/Štimlje, located in the Southern part of Kosovo, the OSCE lists «four local NGOs» which are «very active in the municipality» in 2000 and whose «focus is on humanitarian aid, disabled people, and women and children»: «Handikos (disabled people), Women in Development (women and children), [the] Centre for Rehabilitation of Mothers and Children (mothers and children), Mother Teresa (humanitarian aid)». OSCE Mission in Kosovo, *Municipal Profile: Stimlje/Shtime*, 17 April 2000 (<http://www.fluechtlingsrat.org/download/Stimlje.pdf>). Cfr. also the municipal profile of Suva Reka/Suhareke, another predominantly rural municipality: OSCE Mission in Kosovo, *Municipal Profile: Suva Reka/Suhareke*, 10 March 2000 (http://www.fluechtlingsrat.org/download/suva_reka.pdf).

⁵⁶ G. Demolli, *Bijtë e nënës*, cit., p. 53.

⁵⁷ V. Salvoldi, L. Gjergji, *Resistenza nonviolenta*, cit., pp. 81 ff. This source is also quoted by N. Malcolm, *Kosovo*, cit., p. 351.

⁵⁸ H. Clark, *Civil Resistance in Kosovo*, cit., p. 107.

Teresa Society's action through its "output", its performance, trying to highlight the concrete effects for the population⁵⁹.

In 1996, seven years after Kosovo's autonomy was revoked, and six years after the creation of the Mother Teresa Society, the Kosovo-Albanian daily «Zëri» (Voice) organised a roundtable on "Healthcare in Kosovo today"⁶⁰. Among the speakers, all Kosovo-Albanian, were the Minister of Health of the "parallel" structures, representatives of the "parallel" Medical Faculty, of the Mother Teresa Society, of a healthcare workers' trade union, and a Kosovo-Albanian doctor working for the public health institutions. According to Isuf Dedushaj, Vice Dean of the Medical Faculty and head of the Kosovo Red Cross, the Mother Teresa Society contributed to fill a gap left by the "destruction" of Kosovo's health system in the 1990s:

It is a fact that before Kosovo was occupied, before 1990, it had its own health ministry, health institutions and social protection, the Faculty of Medicine with 10 clinics, 5 institutions, 5 medical centres, 19 health centres (*shtëpi e shëndetit*) with 122 health stations (*stacione shëndetësore*) and over 185 ambulances (*ambulanca*), 1 special hospital for the treatment of tuberculosis, 2 rehabilitation centres, 15 dispensaries of work medicine and the Entity for Health Protection of Kosovo⁶¹. [...] But on 7 July 1990, the Serbian Parliament took violent measures against the Kosovo Health System and destroyed the whole institutions and structures of Kosovo's health system. Nevertheless, after this barbarian act, health workers, those who were dismissed, but also the others, started the parallel organisation of Kosovo's health [system]. The Faculty of Medicine continued its education work, private ambulances and other institutions were opened, and the humanitarian, charitable association Mother Teresa was created – and each of these with their own ways of working and their means of actions filled the gap which was created in the field of health in Kosovo⁶².

⁵⁹ «Output» legitimacy is a performance criterion to judge institutions or a government on their «ability [...] to govern effectively for the people» (V. Schmidt, *Democracy and Legitimacy in the European Union Revisited: Input, Output and Throughput*, KFG Working Paper Series, Berlin 2011, p. 6, <https://nbn-resolving.org/urn:nbn:de:0168-ssaoar-371014>, F.W. Scharpf, *Problem-Solving Effectiveness and Democratic Accountability in the EU*, MPIfG Working Paper, Max Planck Institute for the Study of Societies, Cologne 2003, p. 3, <http://hdl.handle.net/10419/41664>) – meaning «avoiding exploitation by special interests on the one hand» and «facilitating the vigorous pursuit of the common interest and effective problem-solving on the other hand» (ivi, p. 5).

⁶⁰ The roundtable was organised on 20 January 1996 and was reprinted in G. Demolli, *Bijtë e nënës*, cit., pp. 48-65.

⁶¹ As the terms designating the different health institutions are closely linked to the organisation of the health system in Yugoslavia, and particularly in Kosovo in the 1980s and 1990s, it is complicated to translate them. Moreover, the terminology varies according to different speakers and documents. *Shtëpi e shëndetit* (or *shtëpi shëndeti*), the literal translation of *dom zdravlja* in Serbian language ("house of health"), are centres where generally different doctors can be consulted, sometimes specialists, thus offering primary- and sometimes secondary-level health services. Health stations (*stacione shëndetësore*) and ambulances (*ambulanca*) offer primary health services and are staffed by one or two generalist doctors and a team of nurses. Cfr. the terminology in OSCE Mission in Kosovo, *Voters' Voices. Community Concerns*, eds. P. Collier, B. Jones, September 2000, p. 13, <https://www.osce.org/files/f/documents/1/d/13277.pdf>. The Albanian-language translation of the document is available here: <https://www.osce.org/files/f/documents/e/d/13278.pdf>.

⁶² G. Demolli, *Bijtë e nënës*, cit., p. 51. My translation.

Dedushaj employs the term «violent measures», common among Kosovo-Albanians to qualify the «emergency measures» taken by Belgrade in 1990-1991. In his view, private actors and associations «filled the gap», while the public (health) system was «destroyed» by the «violent measures» adopted by the Serbian parliament. Kosovo-Albanian doctors thus started to provide alternative services outside of the Serbian-led public institutions, which Kosovo-Albanian doctors and journalists quoted in newspaper articles of the 1990s considered as (temporarily) «occupied» (*okupuar*)⁶³. Indeed in 1996, participants of the roundtable did not know how long this crisis situation would last, and whether Kosovo's health ministry would one day be functional again, with decision-making power and a budget.

Dedushaj's account suggests that the Kosovo-Albanian public deserted the «destroyed» public (health) system and flocked to private actors which «filled the gap»⁶⁴. Yet, the public health institutions enumerated by Dedushaj did not cease to exist in the 1990s, except Kosovo's health ministry whose responsibilities were taken over by the health ministry in Belgrade. Public health centres and hospitals were not «destroyed»; they continued to work and to see patients, including Kosovo-Albanian patients. In the 1990s, Kosovo-Albanians seeking medical support had several options: visiting a public hospital led by (Kosovo-)Serb medical professionals, a private clinic managed by Kosovo-Albanian doctors, or an associational health centre opened by the Mother Teresa Society, by the Red Cross, or – for children and adults with a disability – by Handikos, an association which was founded in 1983 to support people with disability.

The health sector in Kosovo in the 1990s was relatively complex, with a large number of public and private actors, with fluid boundaries between both: doctors and nurses could work both for associational structures and private clinics, and there was an extensive co-operation between the Kosovo-Albanian medical personnel in public hospitals and in associational health centres of the Mother Teresa Society⁶⁵. This multiplicity of healthcare actors was not new, however: the public health institutions, the Faculty of Medicine at Prishtinë/Priština University, the Institute for Public Health, associational actors such as Handikos, the Kosovo Red Cross, or the Associations of doctors already existed before 1990. Medical experts playing a role in public life in the 1990s were well-known actors of the health system in the 1980s: the experts who intervened at the roundtable quoted above seemed to know each other well⁶⁶. As Fabio Giomi, Célia Keren, and Morgane Labbé argue, welfare provision in Europe has since the end of the 19th century been a heterogeneous, «mixed political economy», with «a plethora of non-profit and for-profit actors»⁶⁷

⁶³ Ivi, for example p. 48 (many other mentions).

⁶⁴ Many Kosovo-Albanian sources present a similar explanation: cfr. the articles in V. Salvoldi, L. Gjergji, *Resistenza nonviolenta*, cit.

⁶⁵ G. Demolli, *Bijtë e nënës*, cit., pp. 43, 53 ff., 55.

⁶⁶ Cfr. the above-mentioned roundtable organised by the newspaper «Zëri» in 1996; also cfr. another roundtable organised by «Zëri» in 1998, both transcribed in G. Demolli, *Bijtë e nënës*, cit., pp. 48 ff., 245 ff.

⁶⁷ F. Giomi, C. Keren, M. Labbé, *Productive Entanglements*, in *Public and Private Welfare in Modern Europe*, eds. F. Giomi, C. Keren, M. Labbé, cit., pp. 1 ff., 8 ff.

– and while this was already the case in Socialist Yugoslavia, the complexity intensified in Kosovo in the 1990s, with the (Serbian) state health system continuing to offer healthcare services, new private clinics being created, and associations providing primary health services. The following paragraphs will examine more in detail how the different healthcare actors co-existed, co-operated, and competed in Kosovo in the 1990s.

The public health system «included one 2500-bed central teaching hospital, five 500-bed regional hospitals, six institutes of public health, 30 municipality-based specialist polyclinics, and 280 smaller outpatient facilities»⁶⁸, which nevertheless «became increasingly dilapidated due to neglect and under-financing»⁶⁹. Public hospitals offered healthcare services for free or for a very low fee. However, they generally required a proof of medical insurance⁷⁰. In a context of massive unemployment, Kosovo-Albanians – who had been ensured via their employer – often lacked the documents giving them access to free medical care in state institutions⁷¹. Furthermore, for the rural population, the journey to these public medical centres and hospitals, which were located in larger towns, came with a cost and with «trouble», as there were «many controls and mistreatment by the police», as reported by Kosovo-Albanian journalists⁷². After the mass dismissals only few Albanian-speaking professionals remained employed in public hospitals, especially in the capital. Linguistic issues (cf. first section) and reports that Kosovo-Albanians were discriminated against in public hospitals discouraged Kosovo-Albanians to seek care in public hospitals. Nonetheless, public hospitals had equipment which local (private) health centres lacked, and still continued to attract Kosovo-Albanians. Actually, a Kosovo-Albanian doctor still working in a public health institution reported a rise of Kosovo-Albanian patients seeking care in public institutions in 1996 (compared to 1991-1992); he even worried that Serbian propaganda would use these figures to underline the high professional level of Serbian-led public institutions⁷³.

Private clinics were founded in private spaces (houses, apartments) by Kosovo-Albanian doctors who had been dismissed or who had decided to leave public institutions and started seeing patients outside of established health structures. Doctors in private clinics charged fees which were considered very high by contemporary Kosovo-Albanian newspaper sources⁷⁴. Less well equipped than public health

⁶⁸ According to the 1997 Statistical yearbook for Yugoslavia issued by the Serbian Ministry of Health and quoted by D.A Shuey et al., *Planning for Health Sector Reform*, cit., p. 300; Cfr. D. Buwa, H. Vuori, *Rebuilding a Health Care System*, cit., p. 226.

⁶⁹ D.A Shuey et al., *Planning for Health Sector Reform*, cit., p. 300.

⁷⁰ G. Demolli, *Bijtë e nënës*, cit., p. 58.

⁷¹ International Crisis Group, *Kosovo Spring*, cit., p. 25; L. Jones, *Letter from Kosovo*, cit., p. 114.

⁷² In an article reprinted in G. Demolli, *Bijtë e nënës*, cit., p. 109.

⁷³ Ivi, p. 59.

⁷⁴ Cfr. Newspaper articles reprinted in Ivi, pp. 13, 109. The articles quote figures in deutschmarks (then the currency mainly used in Kosovo), which seem realistic – nonetheless, we need to keep in mind that these articles were selected by G. Demolli, head of the Health Service of the Mother Teresa Society, who may have been critical of private clinics.

centres, they did not perform certain medical acts. For example, they did not accept pregnant women giving birth for the first time or births for which complications were foreseen⁷⁵.

In contrast to the personnel of private clinics, doctors and nurses working in associational structures such as the Mother Teresa Society worked on a volunteer basis⁷⁶. While representatives of the Mother Teresa Society underline that they had no problem finding volunteer doctors who were willing to work for free, the situation was less clear-cut. According to Kosovo-Albanian newspaper articles, some Kosovo-Albanian doctors seem to have volunteered in associational health centres on top of their job in a private clinic⁷⁷.

Before 1990 this plethora of actors was to some extent co-ordinated by the state⁷⁸, whose authority, though, was not recognised any more by Kosovo-Albanian health professionals in the 1990s. They all started to self-organise, but not in a co-ordinated way. The health system being characterised by a complex interplay of actors on the public-private spectrum, maybe the co-ordination between them proved more difficult than in other sectors (education for example). Indeed, Denisa Kostovicova remarks that the “parallel” health system never «took off as a system»⁷⁹ – she compares the “parallel” health system with the “parallel” education sector, which was relatively quickly set up in a co-ordinated way by teachers’ associations, unions, political parties, and individuals. Indeed, when public schools were closed to Kosovo-Albanian pupils and Kosovo-Albanian teachers were dismissed, «actors across the Kosovo-Albanian political spectrum» and teachers’ associations co-operated to set up a “parallel” Kosovo-Albanian school system for Kosovo-Albanian pupils and students of all levels up to university, with the support of parents⁸⁰. Starting from January 1992, classes were held in private houses, shops, basements, attics, according to the former curriculum (instead of the new Serbian curriculum)⁸¹.

There was no similar degree of formal co-ordination in the health sector, nor was there a common healthcare strategy. The “parallel” minister of health, employment and social policy, Adem Limani, openly explained in a roundtable organised in 1996 on healthcare in Kosovo that he did not have any budgetary means from the “parallel” government nor any oversight over any health institutions⁸². In this context where Serbian institutions were distrusted by Kosovo-Albanian health profession-

⁷⁵ Ivi, p. 107.

⁷⁶ Cfr. the contract reprinted in ivi, p. 117; Cfr. Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018; Bajrami (name changed), Phone interview, Prishtinë/Priština-Paris, 25 February 2018.

⁷⁷ G. Demolli, *Bijtë e nënës*, cit., pp. 136 ff.

⁷⁸ Cfr. the interview with H. Ferizi, founder of Handikos, in *The Advocacy Project, On the Record: Civil Society in Kosovo-Rebuilding After the War*, issue 3, *Mind Over Matter*, April 3, 2000 (<https://www.advocacynet.org/wp-content/uploads/2014/07/Issue3.pdf>).

⁷⁹ D. Kostovicova, *Kosovo*, cit., p. 120; G. Demolli, *Bijtë e nënës*, cit., pp. 48-65.

⁸⁰ D. Kostovicova, *Kosovo*, cit., pp. 87 ff., 93, 98 ff.

⁸¹ D. Kostovicova, *Arsimimi Shqiptar Në Kosovë 1992-1998: “Liri e Burgosur”*, in «Përpjekja», n. 15-16, 1999, pp. 129-135.

⁸² G. Demolli, *Bijtë e nënës*, cit., p. 49.

als, and where the “parallel” government lacked means and authority, associational actors (re)shaped their role. More than «gap-fillers» or «service-providers»⁸³, they were actors seeking a to position themselves not only in a temporary crisis situation, but also for the reshufflings to come in Kosovo’s future health institutions: even if there were multiple scenarios for the future of Kosovo, there was no going back to the previous Socialist administration. In this complex landscape, in which the roles and boundaries of public and private actors were not always clear, the Mother Teresa Society defined its role through continuous adjustments, conflicts, and struggles of legitimacy, which took place within the Mother Teresa Society, but also with representatives of other healthcare organisations.

Challenges to the Society’s legitimacy

The lost trust in the Serbian-led institution was not automatically “transferred” to the new Kosovo-Albanian health actors. The openings of an increasing number of Mother Teresa Society health centres brought with them challenges and conflicts. Probably not all disagreements were made public. Yet, the fact that some of these conflicts were publicly discussed in a widely spread Kosovo-Albanian newspaper reveal that the Mother Teresa Society was *a minima* an object of public interest, maybe even of public debate in the 1990s.

Studying how the Mother Teresa Society was challenged by journalists and volunteers helps to understand how the Society constructed its legitimacy as an actor working in the field of social welfare and healthcare. The internal conflict described in the following paragraphs provides a particularly interesting example of internal strife, with a number of interwoven threads along which the Society’s legitimacy is contested.

According to three newspapers articles published in the daily «Bujku» in July-August 1995⁸⁴, the Mother Teresa Society had opened a sub-branch in Bardh i Madh/Veliki Belačevac, a village located West of Prishtinë/Priština, in 1994. In May 1995 the branch in Fushë Kosova/Kosovo Polje, the nearest town, decided to suspend the leadership of the sub-branch and to replace its leaders. The Fushë Kosova/Kosovo Polje branch named a commission to audit the finances of the health centre in Bardh i Madh/Veliki Belačevac. Here are their findings, as summarised by Hamide Latifi, journalist at «Bujku» in July 1995, who qualifies herself as «activist» for the Mother Teresa Society⁸⁵:

After controlling the documents of the sub-branch in Bardh i Madh/Veliki Belačevac⁸⁶, the commission [set up by the branch of Fushë Kosova/Kosovo Polje] established

⁸³ M. Llamazares, L. Reynolds Levy, *NGOs and Peacebuilding in Kosovo*, Centre for Conflict Resolution Working Papers, University of Bradford, Bradford 2003, p. 4 (<https://core.ac.uk/download/pdf/135156.pdf>).

⁸⁴ These articles are reprinted in G. Demolli, *Bijtë e nënës*, cit., pp. 22-30.

⁸⁵ Ivi, p. 30.

⁸⁶ The original text spells the name “Bellaqevc e Madh”, a combination of the Albanian and Serbian place names.

that the Leadership of the Sub-branch had not respected the norms and criteria of the humanitarian, charitable association Mother Teresa of Kosovo while distributing material goods, as it collected financial means in the name of the Society without any basis and authorisation, and another violation, which the association considered as the most serious, was the refusal to offer medication to patients, thus blackmailing them to obtain a payment⁸⁷.

The «Bujku» article quotes figures and testimonies of people who sought help at the Mother Teresa health centre. According to the article, the leadership of the sub-branch did not respect «the principle that families the most at risk with the most of members should be given priority», and distributed goods (such as washing powder, shampoo, milk powder for infants, or food packs) to their own families and to the families of the health centre staff – thereby reducing the number of vulnerable families who could be supported⁸⁸.

In a reply to this article, published in «Bujku» one month later, Dr. Haki Prebreza, one of the accused, stresses his innocence, explaining that the sums paid by citizens visiting the health centre were voluntary donations. He quotes figures on the medical services performed in the two years of functioning of the health centre, details the health centre's budget and underlines that they were congratulated for their work in a meeting with (“parallel”) President I. Rugova. He blames Demolli for disturbing a health system which worked well in the municipality of Fushë Kosova/Kosovo Polje in 1993 by imposing new conditions for distributing medication. He criticises the low organisational capacity and the unprofessionalism of the Mother Teresa Society, whose statute is, according to him, not respected by its leaders and whose work is not controlled, neither by any authority nor by the public opinion. He considers the action of the Mother Teresa Society as «privatised, personalised and familiarised» and being an «obstacle for the functioning of the state». He also underlines that Demolli has been «praised through Serbian television by Dr Balosheviq for the medicine which Demolli has regularly provided him with», Stevan Baljošević being the Serb director of Prishtinë/Priština Hospital at that time⁸⁹. Indeed, the Mother Teresa Society co-operated with Kosovo-Albanian doctors working public hospitals managed by Serb doctors, providing them with medication, which was criticised by members of the Kosovo-Albanian community⁹⁰.

These newspaper articles, published in Albanian, mostly targeted a Kosovo-Albanian literate public (mostly male and urban): a public of decision-makers, Kosovo-Albanian healthcare specialists, (future) doctors, potential donors and volun-

⁸⁷ G. Demolli, *Bijtë e nënës*, cit., pp. 22 ff. My translation. The article quoted was published in «Bujku» on 21 July 1995.

⁸⁸ G. Demolli, *Bijtë e nënës*, cit., p. 24.

⁸⁹ Ivi, pp. 27 ff. My translation. The article quoted was published in «Bujku» on 22 August 1995. Balosheviq is the Albanian transliteration of the surname Baljošević. Cf. L. Jones, *Letter from Kosovo*, cit., p. 114.

⁹⁰ G. Demolli, *Bijtë e nënës*, cit., pp. 55, 85.

teers. Let us not forget that the Mother Teresa Society's health services depended on donors in Kosovo or abroad, who either donated money or made available houses or apartments, in which the Society could then open health centres⁹¹. Although the newspapers had a limited readership, news published in the papers could also be disseminated via the radio and thus reach a wider Kosovo-Albanian public. In the area of Fushë Kosova/Kosovo Polje, it is further probable that the information circulated by word of mouth.

This intermittent, written dispute exposes the fragility of the legitimisation process, which had to be constantly renewed by swiftly responding to criticism. The dispute also reveals the pillars on which the Mother Teresa Society constructed its legitimisation. The contentious exchanges display "core principles" which were central for the legitimisation of the Mother Teresa Society: the principle that all medical staff were volunteers and thus unpaid; that they offered medical help and medicine for free to all who sought help; that they distributed essential goods such as food, formula milk, hygiene products only to those most in need. Any breach of these core principles heavily impacted the Society's legitimisation.

Prebreza denies that he infringed on the Society's core principles. Also, he raises questions on the Society's organisational capacity, its professionalism, the respect for its statutes (its legality), the absence of control and transparency (public oversight). All these are essential qualities for an organisation working in healthcare which are indeed regularly thematised by the Society's leaders and volunteers; they thus form part of the Society's legitimisation strategies.

Leaders and volunteers of the Mother Teresa Society regularly refer to the professionalism and expertise of the medical personnel, experienced professionals who had previously been working with state institutions⁹². Medical students and nurses worked under the supervision of trained doctors⁹³.

As to the Society's legal status and oversight, it was registered in Belgrade and was regularly controlled by Serbian inspectors – probably not the kind of control which the sub-branch leader (or the Kosovo-Albanian public) would have recognised as legitimate⁹⁴. However, even if there was indeed no formal oversight by the "parallel" structures⁹⁵, there was an internal oversight: leaders of Mother Teresa Society branches were held accountable in case of misconduct, or at least investigations were launched – as actually happened in Fushë Kosova/Kosovo Polje⁹⁶. Also, there was a kind of public oversight by journalists who followed the work of the Society from the beginning and visibly had access to doctors, volunteers, and

⁹¹ Cfr. *ivi*, pp. 9, 11, 146.

⁹² *Ivi*, pp. 109, 112, 120, 125, 135, 140.

⁹³ *Ivi*, p. 13; Bajrami (name changed), Phone interview, Prishtinë/Priština-Paris, 25 February 2018.

⁹⁴ This may explain that the information on the registration of the Society in Belgrade is not indicated in public materials such as the associations' website. I obtained the information from Z. Shala in a one-to-one interview. Shala, Interview conducted in Prishtinë/Priština, 3 March 2004.

⁹⁵ ... as deplored by the "parallel" Minister of health in 1996 (G. Demolli, *Bijtë e nënës*, cit., pp. 49 ff.). Although in the same year, an agreement with the "parallel" Council for Financing was signed (cfr. above).

⁹⁶ Cfr. *ivi*, pp. 22, 83, 128 ff.

patients from the Society's health centres – be these reports positive or negative for the Society⁹⁷. In a newspaper interview, Demolli invites readers of the newspaper to report on any misdoings and breaches of the Society's statute⁹⁸. He thus conveys the message that the Society's leaders are accountable, and that the Society is willing to give citizens access to information, to consult and to interact with them, for the sake of transparency.

The following sections will explore how the Mother Teresa Society's organisational capacity was bolstered by its close connection with the LDK and the "parallel" structures, as well as by the support of international associations, the Catholic Church, and also the Serbian authorities and with medical structures controlled by the Serbian government.

Legitimation through co-operation with the "parallel" structures

Representatives of the Mother Teresa Society liked to stress that the Society was independent from the "parallel" structures and from the main political party, the LDK, led by I. Rugova. This was probably meant to reassure the donors who supported the Society, Kosovo-Albanian donors and international donors (cf. next section). Demolli, representing the Mother Teresa Society at a roundtable on health-care organised by the newspaper «Zëri» in 1996, underlines twice the independence of the Society from political parties and state institutions: «I want to say that we are the only independent association which is active in Kosovo today. [...] You should know that we are an association which is independent from parties and state institutions, which ever these may be...»⁹⁹.

Yet, in Kosovo in the 1990s, and particularly in the capital Prishtinë/Priština, there were human and spatial convergences between associations, academia, and political movements. The proximity between the Mother Teresa Society and the LDK can be illustrated by the persons involved in their foundation and by the consultative role which the Mother Teresa Society had with the "parallel" structures¹⁰⁰.

The foundation of the LDK and of large associations such as the Mother Teresa Society, were closely intertwined and had their origin in Prishtinë/Priština's intellectual circles. Founding members of the LDK were involved in the creation of the Mother Teresa Society, for example Anton Çetta, who led the Department of Folklore at the Albanological Institute. In the "parallel" elections in 1992 A. Çetta was elected Member of Parliament for the LDK. L. Gjergji, co-founder and President of the Mother Teresa Society, qualifies his relationship with I. Rugova, President of the LDK, elected President of Kosovo in the "parallel" elections of 1992, as one of

⁹⁷ Cfr. the collection of articles in *ivi*.

⁹⁸ *Ivi*, pp. 13, 80.

⁹⁹ *Ivi*, pp. 53 ff.

¹⁰⁰ Cfr. J. Nietsch, *The Mother Teresa Society*, cit.

«friendship, brotherhood, and [...] collaboration». Both men had worked together for at least a decade before the foundation of the Mother Teresa Society¹⁰¹.

The LDK relied on an extensive Kosovo-wide network of branches – a network which certainly benefited the Mother Teresa Society when it opened branches and health centres in different towns and villages across Kosovo. The LDK's founders, an assembly of Kosovo-Albanian writers and intellectuals, drew on former Communist Party structures, on mass organisations, such as the Socialist Alliance of Working People, on village organisations, and on traditional clan structures¹⁰². Just a few months after its foundation in December 1989, the LDK claimed to have more than 500,000 members¹⁰³ and in 1991, not even two years later, it reported having approximately 700,000 members¹⁰⁴. The “parallel” structures were organised around the LDK and its branches¹⁰⁵. The openings of Mother Teresa Society health centres throughout Kosovo were usually attended by local representatives of the LDK¹⁰⁶; there seems to have been a regular local co-operation between the Society and the LDK. Probably, the LDK (and/or the Communist Party) also inspired the organisation of the Society in branches and sub-branches.

At the central level in Prishtinë/Priština, the Mother Teresa Society actively participated in the “parallel” structures through its membership in the Emergency Council, which was created by the LDK government in exile¹⁰⁷. Its members were representatives of the LDK government in exile, political parties, the Post-Pessimist Youth Association, the Independent Union of Students of the University of Prishtinë/Priština, different forums and associations, the Mother Teresa Society, the Council for the Defence of Human Rights and Freedoms, as well as the religious communities. The Emergency Council met regularly and supplied the LDK Kosovo Information Centre with information, which the latter then disseminated internationally. The Emergency Council members also co-ordinated concrete action on the ground, for example the distribution of food and other goods. The Mother Teresa Society contributed with precise local information and an assessment of humanitarian and health needs. According to a former Mother Teresa Society volunteer, who had participated in Emergency Council meetings on behalf of the Independent

¹⁰¹ Gjergji, Interview, 19 and 25 May 2015.

¹⁰² *The Kosovo Report: Conflict, International Response, Lessons Learned*, ed. Independent International Commission on Kosovo, Oxford University Press, Oxford-New York 2000, pp. 27-128 (<https://reliefweb.int/sites/reliefweb.int/files/resources/6D26FF8119644CFC1256989005CD392-thekosovoreport.pdf>); B. Pula, *The Emergence of the Kosovo “Parallel State”*, cit., pp. 805 ff.

¹⁰³ Ivi, p. 804.

¹⁰⁴ *The Kosovo Report*, ed. Independent International Commission on Kosovo, cit.; Cfr. I. Rugova, *La Question Du Kosovo*, cit., p. 108.

¹⁰⁵ B. Pula, *The Emergence of the Kosovo “Parallel State”*, cit., p. 797; H. Clark, *Civil Resistance in Kosovo*, cit., p. 3.

¹⁰⁶ See for example G. Demolli, *Bijtë e nënës*, cit., pp. 120, 134, 138, 151.

¹⁰⁷ The LDK-led government was first created in Slovenia and then moved to Bonn, Germany. The source on the Emergency Council is a video call interview with Mihane Salihu-Bala: Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018. Mihane Salihu-Bala participated in the Emergency Council on behalf of the University of Prishtina Student Union, where she was one of the leaders in the second half of the 1990s.

Union of Students, the Society provided important data on the population. It had data about «every family», it was «a kind of registration office», and thus a «starting point for every activity which was planned and programmed»¹⁰⁸.

In 1996 the Mother Teresa Society signed an agreement (*marrëveshje*) with the Kosovo Central Council for Financing, which managed the budget of the “parallel” structures and collected individual contributions to this budget. Indeed, the activities of the “parallel” structures were financed by contributions from Kosovo-Albanian individuals and businesses. In Kosovo, the contributions varied depending on socio-professional category, while members of the Kosovo-Albanian diaspora were requested to contribute 3% of their income¹⁰⁹. The agreement signed between the Council for Financing and the Mother Teresa Society acknowledged that the Mother Teresa Society had opened its own health centres, and that these received external donations. It further stipulated that «According to this agreement, the donated funds are funds which are given to the Health Centre Commission of the humanitarian, charitable association Mother Teresa of Kosovo by the Kosovo Central Council for Financing and the Municipal Councils for Financing»¹¹⁰.

In a certain way, the “parallel” structures thus asserted their control over donations, which – according to newspaper articles on the Mother Teresa Society and interviews – were provided to the Society directly by individuals¹¹¹ or by international associations, such as Doctors without Borders/Médecins sans frontières¹¹². Probably, this allowed the Council for Financing to integrate these donations into their budget and to request oversight over these donations¹¹³. It is unclear whether the Mother Teresa Society received funds from the “parallel” budget. The Central Council for Financing, asked for clarifications by leading members and volunteers of the Mother Teresa Society, explained in a written correspondence that the Central Council for Financing did not finance the Mother Teresa Society, neither the health centres nor the staff working there¹¹⁴. However, the information I rely on (collected and edited by Demolli of the Mother Teresa Society) may include a selection bias. As part of the “parallel” budget was allotted to healthcare, it is not excluded that activities of the Mother Teresa Society could have been supported¹¹⁵.

¹⁰⁸ Salihu-Bala. According to F. Cocozzelli, «In the parallel system, MTS was the primary delivery agency for a basket of health and social services». F.P. Cocozzelli, *War and Social Welfare: Reconstruction after Conflict*, Palgrave Macmillan, New York 2009, p. 49.

¹⁰⁹ A. Demi, *How to Build a Parallel State*, in «Prishtina Insight», 19 April 2018 (<https://prishtinainsight.com/build-parallel-state-mag/>).

¹¹⁰ G. Demolli, *Bijtë e nënës*, cit., p. 113.

¹¹¹ Ivi, pp. 9, 146; Shala, Interview conducted in Prishtinë/Priština, 3 March 2004.

¹¹² G. Demolli, *Bijtë e nënës*, cit., pp. 20, 54, 125, 128, 139; Shala, Interview conducted in Prishtinë/Priština, 3 March 2004.

¹¹³ Cfr. article 7, G. Demolli, *Bijtë e nënës*, cit., p. 114.

¹¹⁴ Correspondence reprinted in ivi, p. 116.

¹¹⁵ According to D. Kostovica, the Central Council for Financing «was to sponsor a wider range of social activities – cultural, health-care, athletic, etc. However, some 90 per cent of the money it collected was spent on education». Part of the remaining ten percent may have supported associations working in healthcare. D. Kostovicova, *Kosovo*, cit., p. 122.

Even without financial flows, the above-mentioned agreement between the Central Council for Financing and the Mother Teresa Society exposes a shift in the boundaries between the association and the “parallel” structures in the field of education and training. The agreement further specifies that «In locations where there are health centres of the Mother Teresa Society and where there is no organised health service for schools, the doctors of the Mother Teresa Society will do occasional and systematic [medical] controls of the pupils, and [in locations] where there are no Mother Teresa Society health centres and where there is a school health centre, the medical personnel will obligatorily perform a [medical] control also of the population of this location»¹¹⁶. Several newspaper articles and documents show that, indeed, the Mother Teresa Society’s medical staff worked with “parallel” Kosovo-Albanian schools to control the health situation of pupil¹¹⁷.

The Mother Teresa Society also had agreements with the “parallel” Medical Faculty of the University of Prishtinë/Priština to organise practical trainings for students in the Society’s clinics¹¹⁸. Demolli explains that «the health service of the Mother Teresa Society has recognised and supported all our institutions which in these times were called parallel. Just one example: we were the only institution in the Republic of Kosovo that accepted and gave life to the diplomas delivered by faculty of medicine and the medicine middle schools [secondary-level vocational schools specialised in medicine] across Kosovo. The majority of our [= the Society’s] medical staff graduated from our [educational] institutions»¹¹⁹.

There seem to have been a circle of mutual legitimation between the Mother Teresa Society and the “parallel” structures. The Mother Teresa Society contributed to legitimate the “parallel” education system by providing internships, medical practices, and jobs to the students of the “parallel” education institutions; the “parallel” education institutions legitimated the Mother Teresa Society, making them responsible for the pupils’ health visits. The co-operation and mutual legitimation extended beyond healthcare. With its excellent knowledge of social and health conditions throughout Kosovo, including in rural areas, the staff of the Mother Teresa Society were not only social and health workers, but could also turn into experts and counsellors of the nascent Kosovo-Albanian institutions: With precise population data, the Mother Teresa Society helped the LDK and the “parallel” structures in their emergency planning and decision-making during a strategic period¹²⁰, blurring the boundaries between state (public) and associations (private).

The dense network of Mother Teresa Society health centres throughout Kosovo, closely co-operating with the LDK and the “parallel” structures, invites compari-

¹¹⁶ G. Demolli, *Bijtë e nënës*, cit., p. 114.

¹¹⁷ Ivi, pp. 20, 72, 119, 140.

¹¹⁸ Ivi, pp. 70, 73.

¹¹⁹ Ivi, p. 67.

¹²⁰ Cfr. J. Nietsch, *The Mother Teresa Society*, cit.; Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018.

sons with a (“parallel”) public health and welfare system¹²¹. Actually, on its webpage the Mother Teresa Society likens its work to the missions of the “parallel” structures, or rather pretends to have «acted as» the “parallel” structures: «[...] from 1990 up to year 1998 MTS [the Mother Teresa Society] acted as Ministry of Social Welfare by provision of humanitarian assistance, Ministry of Health by creating a chain of 96 mobile clinics and Maternity and Ministry of Education by supporting the educational system and provision of basic conditions [sic]»¹²².

The website seems intended for a Kosovo-Albanian public. The English text is a literal translation of the Albanian version of the website. By likening the Mother Teresa Society to “parallel” Ministries, the authors of this Internet publication attempt to legitimate the Mother Teresa Society in the eyes of a Kosovo-Albanian public, who would be acquainted with Kosovo’s history in the 1990s, probably (potential) Kosovo-Albanian donors. The use of an online medium suggests that the authors tried to address Kosovo-Albanians in the diaspora who would use the Internet to search for information on associations in Kosovo. While it can be indeed argued that the Mother Teresa Society contributed to the creation of a “parallel” health and social welfare system, its role in education seems exaggerated. Equating the Mother Teresa Society to “Ministries” seems astonishing, but points to the associations’ co-ordination capacity and presence throughout Kosovo. A former volunteer for the Society states that «In every town, in every village there was a centre, in every neighbourhood even. The Mother Teresa Society was not only a humanitarian association; it was a kind of governmental system in itself»¹²³.

The local action and expertise of the Mother Teresa Society volunteers, combined with their privileged relations with the “parallel” structures, turned them into an important partner for international actors.

Legitimation through international relations

Its presence throughout Kosovo conferred the Mother Teresa Society with the expertise and legitimacy to share information about the socio-economic and medical situation of the population. They shared this information not only with the “parallel” institutions, but also with international associations and organisations. Moreover, its network of health centres staffed with volunteers was operational to distribute medical and food aid from abroad. In the 1990s, the Mother Teresa Society co-operated with fifty-five different international donors. Doctors without Borders/Médecins sans frontières and Catholic Relief Services helped to establish and run the Society’s network of health centres and provided medication and med-

¹²¹ Such comparisons can be found in International Crisis Group, *Kosovo Spring*, cit., p. 25; T. Judah, *Kosovo*, cit., p. 72.

¹²² The Mother Teresa Society, *History-MTS*, accessed 12 October 2020, (<http://motherteresasociety.org/history/>). The webpage went online in the years 2010, but the text may have been written earlier.

¹²³ Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018.

ical equipment¹²⁴. The Maternity of the Mother Teresa Society, for example, was opened in 1996 thanks to the support of the US American association Mercy Corps International, the Catholic association Malteser from Cologne (Germany) [Maltai in the original text], the Albanian Aid Society, an Albanian community association from the USA, the Catholic association Caritas (Vienna), Doctors without Borders, Doctors of the World, the International Committee of the Red Cross, the Federation of the Red Cross, the Federation of the Red Crescent, the British association Oxfam, and other associations¹²⁵.

The relation between the Mother Teresa Society and international organisations generated a reinforcing circle of legitimation. The Society's relationships with international associations and organisations certainly contributed to its influence and legitimation within Kosovo. These relationships, and the funds the Society received, also gave it importance in the eyes of the "parallel" structures. In the above-quoted roundtable on healthcare in Kosovo, the "parallel" Minister of health Limani hoped for a closer co-operation between associations like the Mother Teresa Society and the "parallel" Ministry of health to request international funds; Limani explained that the "parallel" Ministry could not receive humanitarian aid, as Kosovo was not recognised as a state¹²⁶.

At the same time, the Society's presence throughout Kosovo made it an ideal partner for international organisations and associations. Indeed, while international donors consulted with Kosovo's "parallel" LDK government, it was complicated for them to officially channel support through the "parallel" structures; in order to help Kosovo's population, they relied on well-organised associations with a strong local presence.

The Mother Teresa Society's Catholic origins (cf. Introduction) surely helped to foster relationships between the Society and international organisations and associations. The symbolic power of the name "Mother Teresa" gave the Society additional legitimacy among the international community, especially in Catholic circles¹²⁷. Many contributions of the international Catholic community and of associations close to the Catholic church (such as Malteser, Caritas, Catholic Relief Services, Mercy Corps) were channelled through the Mother Teresa Society¹²⁸.

The Society's proximity to the Catholic church helped not only for fundraising, but also for delivering political messages through international Catholic networks. In 1993 for example, L. Gjergji invited V. Salvoldi, an Italian Catholic priest, to Kosovo. They jointly published a testimony on the socio-political situation in Kosovo

¹²⁴ Shala, Interview conducted in Prishtinë/Priština, 15 March 2004; G. Demolli, *Bijtë e nënës*, cit., p. 20; H. Clark, *Civil Resistance in Kosovo*, cit., p. 107.

¹²⁵ G. Demolli, *Bijtë e nënës*, cit., p. 99.

¹²⁶ Ivi, pp. 54 ff.

¹²⁷ Cf. F.P. Cocozzelli, *War and Social Welfare*, cit., p. 49. «Naming the organization after Mother Teresa also had the effect of countering Serbian nationalist claims that Albanians in Kosovo were seeking to Islamicize the province. Additionally, invoking the name of Mother Teresa was seen as a strategic move in appealing to Western support. It was a way to link the Kosovo Albanian cause with ideas of justice, charity, and mercy».

¹²⁸ Cf. video call interview with M. Salihu-Bala, 23 February 2018.

in Italian language, which highlights the «calvary» of the Kosovo-Albanians, as an Italian bishop writes in the introduction¹²⁹.

More generally, being in contact with international associations and organisations, in Kosovo and abroad, provided the Society with opportunities to publicly disseminate its view on the situation in Kosovo – and, of course, to act as a mouth-piece for other Kosovo-Albanian associational and political actors. For example, the Mother Teresa Society's Kosovo-wide network of local health and social workers gathered information on human rights violations, which were then disseminated internationally, to the Society's branches and to international associations. The Mother Teresa Society had close links with the Council for the Defence of Human Rights and Freedoms of the People of Kosovo, which gathered information and evidence on human rights violations against Kosovo-Albanians in the 1990s and communicated it to international partners such as Amnesty International, the International Federation of Human Rights, and the International Crisis Group¹³⁰. The Council was founded in December 1989, a few months before the Mother Teresa Society's creation, and several founding members of the Mother Teresa Society were also members of the Council.

The Society's branches abroad were a further channel of what we could call “informal” or “associational diplomacy”, as the Mother Teresa Society did not only represent itself, but actually represented and legitimated Kosovo and, in a way, its “parallel” government¹³¹. The Mother Teresa Society had branches in countries with an important Kosovo-Albanian diaspora, such as Switzerland, Germany, Austria, Italy, Denmark, the Netherlands, Sweden, Croatia, and Macedonia. Through these branches, the Mother Teresa Society also raised funds for its activities in Kosovo¹³².

The international connections of the Mother Teresa Society not only legitimated the association in the eyes of a Kosovo-Albanian and international public; they also probably protected it from repression by the Serbian authorities. Registered in Belgrade «according to the law[...]s before in ex-Yugoslavia»¹³³, the Mother Teresa Society had agreements with the government and hospitals in Belgrade which regularly controlled the quality of the equipment and drugs¹³⁴. Indeed, the Society received international shipments of medical supplies and medication that was lacking in public hospitals, such as insulin for example. Most of these shipments came through Belgrade and required import authorization from the Serbian

¹²⁹ V. Salvoldi, L. Gjergji, *Resistenza nonviolenta*, cit., p. 7.

¹³⁰ Gazmend Pula, Interview conducted in Prishtinë/Priština, 19 March 2004, 19 March 2004.

¹³¹ Some authors use the term of private diplomacy, others speak of «Track Two Diplomacy» or «Multi-Track Diplomacy». Cfr. Y. Denéchère, *Diplomaties privées et autonomisation des ONG humanitaires dans l'espace de la cause des enfants*, in «Monde(s)», n. 1, 2014, pp. 119-135, here p. 119.

¹³² Shala, Interview conducted in Prishtinë/Priština, 15 March 2004.

¹³³ Shala, Interview conducted in Prishtinë/Priština, 3 March 2004. Z. Shala speaks of the «lawyers», but means the «laws».

¹³⁴ Shala, Interview conducted in Prishtinë/Priština, 15 March 2004.

authorities. While some drug shipments were occasionally confiscated¹³⁵, on the whole the co-operation with Serbian authorities was “OK”, according to Z. Shala: «The Serbian government liked to have an officially registered NGO around, actually, we helped the Serbs». The Serbian government probably appreciated the Mother Teresa Society’s readiness to share its supplies with doctors in public clinics¹³⁶ and to treat «a growing number» of Kosovo-Serbs in its health centres. Indeed, thanks to the Mother Teresa Society’s international connections, its centres were better stocked with medicine than public clinics¹³⁷. However, this did not keep Serbian inspectors from withdrawing the authorisation of some of the Mother Teresa Society’s health centres and from closing them down¹³⁸. Still, on the whole, the Society managed to operate throughout the 1990s, despite its obvious ties with the “parallel” structures.

Protected and legitimated by its close links with international associations and organisations, the Mother Teresa Society managed to maintain a working relationship with the Serbian government. Taking advantage of its privileged links with the Catholic church and Catholic associations, and of its branches abroad, the Society conducted informal, associational diplomacy, becoming an ambassador of the Kosovo-Albanian view on the socio-political situation in Kosovo.

Legitimation strategies blurring the boundaries between state and non-state

In the previous sections, I depicted how the Mother Teresa Society drew legitimation from its close connection with the LDK and the “parallel” structures, as well as by the support from international associations and organisations, from the Catholic Church, and – to some extent – from the Serbian authorities (previous two sections). The Kosovan and international partners of the Society are frequently mentioned in interviews, press articles, or other publications¹³⁹.

The process of the Society’s legitimation is characterised by an interplay between how the Society acted and how it was viewed and recognised from the outside. The association certainly drew legitimation from its external relations. Then, it also actively took the stage and embodied the role of an “associational diplomat” on the Kosovan and international scene, at international conferences and through international

¹³⁵ S. Ahmeti, *Journal d’une femme du Kosovo, (février 1998-mars 1999): la guerre avant la guerre*, Karthala -CCFD, Paris 2001; G. Demolli, *Bijtë e nënës*, cit., pp. 44 ff.; H. Clark, *Civil Resistance in Kosovo*, cit., p. 107; Shala, Interview conducted in Prishtinë/Priština, 15 March 2004; Shala, Interview conducted in Prishtinë/Priština, 6 October 2017.

¹³⁶ Shala, Interview conducted in Prishtinë/Priština, 6 October 2017; G. Demolli, *Bijtë e nënës*, cit., pp. 53-56.

¹³⁷ H. Clark, *Civil Resistance in Kosovo*, cit., p. 108; Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018.

¹³⁸ Cfr. for example G. Demolli, *Bijtë e nënës*, cit., pp. 141 ff.

¹³⁹ Cfr. Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Shala, Interview conducted in Prishtinë/Priština, 15 March 2004; Shala, Interview conducted in Prishtinë/Priština, 6 October 2017; G. Demolli, *Bijtë e nënës*, cit., pp. 20, 54, 125, 128, 139, 144, 152; V. Salvoldi, L. Gjergji, *Resistenza nonviolenta*, cit.

publications (cf. previous section). At the same time, the Mother Teresa Society was “granted” this role by the international conference organisers and editors.

What prompted the members of the Mother Teresa Society to think that the association was legitimate? And what prompted their partners to legitimate them by co-operating with them? Legitimacy is etymologically rooted in “law” (Latin *lex, legis*) and “lawful” (*legitimus*) – and the Mother Teresa Society indeed mobilises different types of “lawfulness” in its legitimisation strategies (cf. third section). On the one hand, the Society stresses its legality, its formal conformity with man-made positive law: the fact that the Society was registered, had a statute, that the doctors working in its health centres were qualified professionals, and that there was oversight and control over the Society’s branches. On the other hand, the Society refers to natural-law value-based principles¹⁴⁰. Interestingly, while the leaders of the sub-branch in Bardh i Madh/Veliki Belačevac questioned the Mother Teresa Society’s organisational capacity, its professionalism, its legality and its (public) oversight, they did not challenge its core principles (cf. third section).

These core principles seem to be at the centre of the Society’s legitimisation process. They are mentioned in each and every interview, by leaders of the society and by nurses and doctors who volunteer for the Society: 1) all (medical) staff work for free, as «an engagement for humanity and for an ideal»¹⁴¹, 2) healthcare and medicine are provided for free, and 3) the Society takes care of all people, irrespective of their nationality, religion, socio-economic status. As Demolli, head of the Society’s Health Service, states: «It is our foundational principle to offer health support to all who ask us for help, independently from their national, religious, political or other affiliation; and also to those who are potentially in a good economic situation, because we do not apply any selection criteria. Thus, this is a question of conscience [of those who seek help]. Until there is medication in our pharmacy, all those who ask for them will get them, while when we do not have any more [medication], there is none for anybody»¹⁴².

These principles are based on moral values such as charity, selflessness, but also inclusion of all beneficiaries – inclusion in the sense of equal treatment to restore social justice, but also, as I will explain in the following, in the sense of beneficiaries’ participation in the Society’s activities.

It is interesting that at a time where Kosovo-Albanians were discriminated against and subject to police violence, representatives of the Mother Teresa Society

¹⁴⁰ As several authors underline, a reference to shared values and beliefs is essential in a legitimisation process. The associations’ actions need to be aligned, to «resonate» with citizen’s ideals, values, and identity. When citizens assent to authority, there is «some nexus of values that most subjects can endorse as justifying the use of force [or power, in the context of associations]». A.R. Greene, *Legitimacy without Liberalism*, cit., p. 312; V. Schmidt, *Democracy and Legitimacy in the European Union Revisited*, cit.; D. Beetham, *The Legitimation of Power*, Palgrave Macmillan, Houndmills-New York (NY) 2013.

¹⁴¹ G. Demolli, *Bijtë e nënës*, cit., p. 87. My translation. G. Demolli answers questions for the readers of the newspaper «Zëri» in 1996.

¹⁴² G. Demolli, cit., p. 81. My translation. G. Demolli answers questions for the readers of the newspaper «Zëri» in 1996.

stressed the fact that the Society served «all who ask [...] for help». Several interviewees confirm that the majority of patients treated in the Society's health centres and receiving humanitarian aid packages were Kosovo-Albanians, but that humanitarian help and medication such as insulin were also provided to Roma, Ashkali, Egyptians, Turks, Bosniaks, and to Kosovo-Serbs, including in isolated villages¹⁴³. The Mother Teresa Society very much insisted on the medical services provided for free to everyone – from the most needy to those who could have afforded other services¹⁴⁴, thus positioning itself as a general-interest public service provider.

The value of inclusion is present in Catholic principles and in the «humanitarian imperative». Besides the Biblical commitment to «love your neighbour as yourself»¹⁴⁵, and to not discriminate between people belonging to different (religious, social, etc.) communities¹⁴⁶, there was also a desire to show that as an association the Mother Teresa Society remained guided by the «humanitarian imperative», that is, providing free health services to everyone, «regardless of the race, creed or nationality of the recipients and [...] on the basis of need alone», as the Red Cross puts it¹⁴⁷.

Participation is closely linked with inclusion. In addition to welcoming patients regardless of their ethnic, religious, or political affiliation, the Mother Teresa Society offered them the possibility to participate and contribute to its activities. Indeed, beneficiaries of aid were invited to contribute as volunteers¹⁴⁸, in order to help people help themselves¹⁴⁹. Interviews with Mother Teresa Society volunteers reveal that – although the organisation of the Society was relatively hierarchical – even junior, student volunteers had a certain amount of leeway when performing their tasks and could take decisions¹⁵⁰. The Society also helped people find paid jobs¹⁵¹, provided training to students of medicine, nursing, or midwifery, and opportunities for networking with Kosovan and international associations: two former Mother Teresa Society volunteers I interviewed later found paid jobs with international associations¹⁵².

However, while indeed there was an ideal of inclusion and participation, the majority of volunteers and beneficiaries were Kosovo-Albanian. Indeed, another im-

¹⁴³ Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018; Shala, Interview conducted in Prishtinë/Priština, 15 March 2004; G. Demolli, *Bijtë e nënës*, cit., p. 20.

¹⁴⁴ Cfr. *ivi*, p. 81.

¹⁴⁵ Mark 12:31. *Holy Bible: New International Version* (Grand Rapids, Mich.: Zondervan, 2011).

¹⁴⁶ Galatians 3:28, Colossians 3:11. *Holy Bible: NIV*.

¹⁴⁷ International Federation of Red Cross and Red Crescent Societies and International Committee of the Red Cross, *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief*, 1994 (<https://www.icrc.org/en/doc/assets/files/publications/icrc-002-1067.pdf>).

¹⁴⁸ Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018.

¹⁴⁹ L. Gjergji stresses the importance of «self-help». Gjergji, Interview, 19 and 25 May 2015.

¹⁵⁰ J. Nietsch, *The Mother Teresa Society*, cit.

¹⁵¹ Salihu-Bala, Video call interview, Prishtinë/Priština-Paris, 23 February 2018.

¹⁵² Salihu-Bala; Bajrami (name changed), Phone interview, Prishtinë/Priština-Paris, 25 February 2018.

portant strategy of legitimation – expressed mainly in documents in Albanian, for a Kosovo-Albanian public – consisted in linking the Mother Teresa Society's actions to the Kosovo-Albanian political cause. Interviewed by the Kosovo Oral History Initiative, and asked about the foundation of the Mother Teresa Society, L. Gjergji describes it as an answer to the revocation of Kosovo's autonomy: «The foundation of the association Nëna Tereza was a necessity. [...] And one group of intellectuals thought it out, talked about it and said “One hundred and fifty thousand persons are unemployed because they did not accept Serbia as their country and Milosevic as their head of state.” And then they wanted to self-organise»¹⁵³.

In the narratives of Mother Teresa Society, leaders and volunteers, supporting people who are sick or in a dire material situation is not only a humanitarian act, but also a way to promote the Kosovo-Albanian cause, to defend the (Albanian) nation: «[...] at this moment in time [...] curing and preventing illnesses is not only a human act, but also at the same time an act for the nation» (in Albanian: «nuk është vetëm akt njerëzor, por edhe kombëtar») ¹⁵⁴. While underlining the Mother Teresa Society's inclusivity and claiming that it helped all people «independently from their national, religious, political or other affiliation», many of the Society's leaders, members, and contributors were fighting for the Kosovo-Albanian cause, thus excluding those who were not Kosovo-Albanian.

When hearing the cry of the first baby born in the new Maternity opened by the Mother Teresa Society in Prishtinë/Priština in July 1996, the owner of the house in which the maternity was established, one of the main donors and supporters of the Society, is reported to have said: «You hear it. This is the voice of the first foundation of the Republic of Kosovo»¹⁵⁵. The Society's Maternity clinic had a symbolic importance for Kosovo-Albanians, as the rising birth rate among Kosovo-Albanians in the decades preceding the 1990s had become an «issue subject to increasing nationalist instrumentalisation by representatives of the Serbian Orthodox Church, as well as [Serb] writers, intellectuals, and academics over the course of the 1980s», a debate still raging in the 1990s on the background of growing tensions between Kosovo-Albanians and (Kosovo-)Serbs¹⁵⁶.

As Ana Kladnik and Nadir Özbek show, crisis situations tend to trigger a sense of purpose, of mission, and to motivate volunteering, which becomes associated with patriotic motives and nation building¹⁵⁷. The Mother Teresa Society understood

¹⁵³ Gjergji, Interview, 19 and 25 May 2015.

¹⁵⁴ G. Demolli, *Bijtë e nënës*, cit., p. 21. This newspaper article from «Bujku» (1995) quotes a volunteer doctor working in a village near Fushë Kosova/Kosovo Polje.

¹⁵⁵ Shaban Svirca was the owner of the houses in which the health centre Nëna and the maternity clinic were located. He gave his houses in usufruct to the Society, «without any compensation», according to a Kosovo-Albanian newspaper article, reprinted in G. Demolli, *Bijtë e nënës*, cit., pp. 111 ff.

¹⁵⁶ R. Pichler, H. Grandits, R. Fotiadis, *Kosovo in the 1980s*, cit., p. 174; cfr. also section 1.

¹⁵⁷ A. Kladnik, *A Smouldering Fire: The National, Political and Gender Adaptations of Volunteer Firefighters in Interwar Yugoslavia*, in «European Review of History/Revue Européenne d'histoire», n. 1, 2019, pp. 19-40, here pp. 20 ff.; N. Özbek, *Defining the Public Sphere during the Late Ottoman Empire. War, Mass Mobilization and the Young Turk Regime (1908-1918)*, in «Middle Eastern Studies», n. 5, 2007, pp. 795-809, here pp. 797, 807.

how to draw on this sense of purpose, and how to motivate volunteers by mobilising the Kosovo-Albanian political dream of a Republic of Kosovo.

When drawing on the «intense internal solidarity of the [Kosovo-Albanian] community»¹⁵⁸, the Society *de facto* excluded other communities¹⁵⁹. As Fred Cocozzelli and Gëzim Krasniqi explain, «high levels of internal social solidarity» within the Kosovo-Albanian community in the 1990s were linked to processes of exclusion of the “other”, that is mainly (Kosovo-)Serbs¹⁶⁰.

To underline their allegiance to the Kosovo-Albanian political movement, representatives of the Society defied the authority of the Serbian government, for example by verbally discrediting it as «occupation». The first health centre of the Mother Teresa Society was opened, according to Demolli, in 1992 «without an authorisation for health activities and without considering the violent institutions [i.e., the Serbian administration] which were present»¹⁶¹. Z. Shala confesses that he lived with a constant fear in the 1990s¹⁶². In the first half of the 1990s, the Mother Teresa supported the Youth Action for the Pardon of Murders, Injuries, and Disputes¹⁶³, an organisation initiated in 1990 and led by A. Çetta, a founding member of the Mother Teresa Society and the LDK. The reconciliation movement, which encouraged families all over Kosovo to forgive their enemies and to break with the tradition of blood feud, was a highly political enterprise: its motivation was to allow Albanians to join forces against the Serbs¹⁶⁴. L. Gjergji, head of the Mother Teresa Society, played a prominent role in reconciliation meetings across the country¹⁶⁵. In the second half of the 1990s, the Mother Teresa Society helped soldiers from the Kosovo Liberation Army (Ushtria Çlirimtare e Kosovës, UÇK)¹⁶⁶.

The Mother Teresa Society thus clearly went beyond its declared mission of providing health care and social welfare. This is reflected in its legitimation strategies.

¹⁵⁸ F.P. Cocozzelli, *War and Social Welfare*, cit., p. 173.

¹⁵⁹ Cfr. my article on the dynamics of inclusion and exclusion in the cultural youth movement of the Post-Pessimists in Kosovo, J. Nietsch, *Post-Pessimists in Prishtina: Volunteering for Privileged Kosovar Teenagers (1993-2004)*, in «Totalitarismus Und Demokratie», n. 2, 2020, pp. 213-243.

¹⁶⁰ F.P. Cocozzelli, *War and Social Welfare*, cit., p. 15; G. Krasniqi, “Parallel System” in *Kosovo: Strengthening Ethnic Identity through Solidarity and Common Social Action*, in «SEEU Review», n. 1, 2010, pp. 41-55. As F.P. Cocozzelli writes: «Membership in conflicting communities – in the case of Kosovo, ethnic identity communities – defines strict boundaries of exclusion and overrides broader conceptions of citizenship. From 1989 to 1999 the interaction between the rise of Serbian and Albanian nationalisms led to increasing levels of exclusion between the two communities. The groups engaged in a process of separation that was mutually reinforcing. At the same time, these processes generated high levels of internal social solidarity. This social solidarity was supported by political action and institutionalized self-help organizations», F.P. Cocozzelli, *War and Social Welfare*, cit., p. 15.

¹⁶¹ Foreword written by Demolli in G. Demolli, *Bijtë e nënës*, cit., p. 9.

¹⁶² Shala, Interview conducted in Prishtinë/Priština, 6 October 2017.

¹⁶³ The Youth Action later became the Movement for Nationwide Reconciliation.

¹⁶⁴ I. Rugova, *La Question Du Kosovo*, cit., pp. 131 ff.; Grabovci: *I pajtuam gjaqet për t'ia nisur luftës çlirimtare*, «Epoka e Re», 2 shkurt 2017.

¹⁶⁵ I. Rugova, *La Question Du Kosovo*, cit., pp. 132; Gjergji, Interview, 19 and 25 May 2015.

¹⁶⁶ Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Shala, Interview conducted in Prishtinë/Priština, 6 October 2017.

As an association providing health services, the Society stressed its professionalism, expertise, and accountability. However, it also positioned itself as an actor with a vision for Kosovo's future, responding to Kosovo's most pressing needs in terms of welfare, social and health care, in a context of political and economic crisis.

As Lena Partzsch shows, non-state actors sometimes adopt legitimation strategies that are based on those of a democratic state¹⁶⁷. According to L. Partzsch, non-state actors legitimate themselves 1) by showing how the "output" of their action responds to societal needs, 2) by demonstrating how inclusive they are and how citizens/stakeholders can participate in their activities and in decision-making, but also 3) in controlling the activities of the non-state actor and putting to test non-state actors' internal checks and balances¹⁶⁸. These three axes correspond to what scholars such as Fritz Scharpf or Vivien Schmidt have characterised as «output», «input», and «throughput» legitimacy¹⁶⁹. Indeed, the Mother Teresa Society's leaders actively communicated on the "output" of the Society's activities (numbers of health centres created, numbers of persons helped, etc.), linking this with the socio-political aspirations of the Kosovo-Albanian community (1). Although treading a thin line between inclusion and exclusion (and sometimes swaying towards exclusion), the Mother Teresa Society tried to hold up a principle of inclusion and participation, not only when it provided social and health services, but also when it offered people opportunities for volunteering, training, and participation in the Society's activities and decision-making (2). Finally, the Society's leaders regularly underlined the accessibility and accountability of the Society's leadership (3).

L. Partzsch writes about social entrepreneurs, and how they legitimate their pretention to impulse social change at an international level. While I propose to apply her reflections to the legitimation strategies of the Mother Teresa Society, I do not pretend to reduce the legitimation repertoire of the Society to the three above-mentioned strategies of legitimation only¹⁷⁰. Yet, it is interesting to observe how the Society's legitimation strategies potentially resembled those of government institutions, as its leaders appealed to societal values and political dreams shared by the

¹⁶⁷ Actually they are closer to the legitimation strategies an intergovernmental organisation would mobilise. Cfr. L. Partzsch, *Die Legitimität individuellen Engagements in der globalen Politik*, in «Zeitschrift für Außen- und Sicherheitspolitik», *Nichtstaatliche Akteure in der internationalen Politik*, ed. I. Take, n. S2, 2015, pp. 531-547, here p. 536, on the debate around the legitimacy of non-state actors on the international scene.

¹⁶⁸ Ivi, pp. 532-541.

¹⁶⁹ In a systems-theory approach to legitimacy, «output» legitimacy designates how institutions/governments are judged in terms of their performance in finding common-interest solutions to problems (government *for* the people with output *for* the people); «input» legitimacy refers to judgements on institutions' responsiveness to citizen concerns and preferences and on the participation of citizens (government *by* the people with input *by* and *of* the people); «throughput» legitimacy is a criterion of judgement in terms of accountability and transparency (government *with* the people/throughput *with* the people). F.W. Scharpf, *Problem-Solving Effectiveness*, cit., pp. 3-5; V. Schmidt, *Democracy and Legitimacy in the European Union Revisited*, cit., pp. 5-7.

¹⁷⁰ Obviously, this is a very schematic approach which helps to structure arguments around legitimacy, but which cannot do justice to the multiplicity of legitimation strategies, as L. Partzsch points out in L. Partzsch, *Die Legitimität individuellen Engagements*, in «Zeitschrift für Außen- und Sicherheitspolitik», *Nichtstaatliche Akteure in der internationalen Politik*, ed. I. Take, cit., p. 536.

Kosovo-Albanian community, invited stakeholders to contribute, and positioned the Society as a general interest public-service provider. While putting forward its “humanitarian”, general-interest mission, the Society did not hide its engagement for the Kosovo-Albanian cause.

Conclusion

In the 1990s the Mother Teresa Society constructed, step by step, an alternative healthcare system in Kosovo. It did not do so alone, but in co-operation with the “parallel” structures, with the Catholic church, with associations from Kosovo and abroad, and with the help of thousands of volunteers. The Society’s activities were tolerated, sometimes supported, and sometimes hindered by the Serbian administration.

The Serbian-led public health structures were mistrusted by Kosovo-Albanians and sometimes inaccessible to them because they lacked public health insurance documents. Health and social care for Kosovo-Albanians had to be reinvented. The loss of trust in Serbian-led institutions did not mean an automatic transfer of trust, neither to Kosovo-Albanian associational or private structures, nor to the “parallel” Ministry of health, which, according to the Minister himself, had neither budget nor authority. In the crisis situation of the 1990s, Kosovo-Albanian health and welfare actors thus competed for legitimacy.

The Society constructed its legitimation in a dialogue with its co-operation partners and with society-at-large, in Kosovo and internationally. The Mother Teresa Society drew legitimation from its close relationships with the “parallel” structures and the LDK, but also from its relationships with international (often Catholic) associations and organisations. At the same time, the Society actively took the stage internationally to draw attention to the situation in Kosovo, acting like an “associational diplomat”.

The Society based its legitimation strategies on highlighting its legality and professionalism, but also on natural-law moral values, and claims to represent the general interest. Drawing on L. Partzsch’ work on legitimation strategies of non-state actors, I showed how the Mother Teresa Society strived to legitimate its activities by referring to «democratic legitimation mechanisms»¹⁷¹, strategies similar to those used by state institutions: by referring to the «output *for* the people», by encouraging «input *by* and *of* the people», and by putting in place mechanisms of «throughput *with* the people»¹⁷². While promoting a discourse of universality of the “humanitarian imperative”, while maintaining a working relationship with Kosovo-Serbs and the Serbian government institutions, the Mother Teresa Society never hid its engagement for the Kosovo-Albanian cause, and mobilised Kosovo-Albanian solidarities for an

¹⁷¹ V. Schmidt, *Democracy and Legitimacy in the European Union Revisited*, cit., p. 5. Cfr. section 2 and footnote 6 for definitions.

¹⁷² L. Partzsch, *Die Legitimität individuellen Engagements*, in «Zeitschrift für Außen- und Sicherheitspolitik», *Nichtstaatliche Akteure in der internationalen Politik*, ed. I. Take, cit., pp. 532-541.

«organised resistance to the Belgrade regime»¹⁷³. The Mother Teresa Society thus clearly went beyond its declared mission of providing health care and social welfare. It closely co-operated with the “parallel” structures, engaged in “state-like” activities such as informal, associational diplomacy, and used “government-like” legitimation strategies – thus blurring the boundaries between the private, associational realm (the Mother Teresa Society) and the public realm (the “parallel” structures).

Rather than adopting an approach, which implies a binary opposition between state and non-state, I have proposed in this article to dive more deeply into the «productive entanglement»¹⁷⁴ of a multitude of actors, which could be qualified as public or private or in-between – in a context where Serbian institutions were distrusted by Kosovo-Albanian health professionals, and where the “parallel” government lacked means and authority. Methodologically, the study of legitimation strategies has provided novel insights into the Mother Teresa Society’s relations with this complex ecosystem of actors. Reflecting about the Society’s legitimation entails reflecting on the contestation of the Society’s legitimacy. Indeed, the Mother Teresa Society stood in competition with actors with whom it also co-operated. Together, these “entangled” actors co-created the health system of the 1990s in a context of state-dismantlement and state-building, while debating on (and trying to secure) their future role in the social and health system in Kosovo. They raised questions such as: in how far are state structures necessary for a functioning social and health system? What should the role of international donors and partners be?

The Mother Teresa Society was an important actor in this deliberation on the health and social welfare system¹⁷⁵, an important debate in reconstruction and nation-building processes¹⁷⁶. As F. Cocozzelli underlines, «social policy undergirds the reconstruction process both normatively and functionally», by «providing a foundation for perceptions of social justice» and contributing to «the reconstitution of the social fabric»; but also by providing a guarantee against risk of engaging in the labour market¹⁷⁷. While the crisis situation in the 1990s hindered the reconstitution of the social fabric, the Mother Teresa Society nevertheless tried to promote values of social justice and provided not only social and health services, but also opportunities for volunteering, for training, for networking, and helped people find paid jobs. The Society thus showed new ways of providing social and health care, mobilising volunteers and encouraging self-help among its beneficiaries in a way that the “parallel” institutions could not, as these latter did not have authority over

¹⁷³ Cfr. F.P. Cocozzelli, *War and Social Welfare*, cit., p. 173.

¹⁷⁴ Cfr. the subtitle of *Public and Private Welfare in Modern Europe: Productive Entanglements*, eds. F. Giomi, C. Keren, M. Labbé, cit.

¹⁷⁵ Representatives of the Society participated in public discussions and roundtables, but also inspired through their actions, as can be seen in press articles and monographs on Kosovo in the 1990s. Cfr. G. Demolli, *Bijtë e nënës*, cit. pp. 53 ff.; H. Clark, *Civil Resistance in Kosovo*, cit.; International Crisis Group, *Kosovo Spring*, cit.

¹⁷⁶ Cfr. F.P. Cocozzelli, *War and Social Welfare*, cit.

¹⁷⁷ Ivi, p. 166. F.P. Cocozzelli writes about post-conflict reconstruction in the years 2000. Still, parts of his argument are transposable to the 1990s, which are also characterised by an attempt to reconstruct Kosovo-Albanian state-like institutions.

the health and social welfare system – an authority which is nonetheless central in reconstruction and nation-building processes.

However, the Mother Teresa Society failed to be recognised as legitimate for a significant role in Kosovo's future health system. In the years 2000, although the Mother Teresa Society «did play some role in the formation of the post-conflict social policy», its contribution was “marginalised” by the UN Mission in Kosovo¹⁷⁸ – probably because it was considered as too closely linked with the Kosovo-Albanian national movement and with the LDK¹⁷⁹. Relationships with the Kosovan government also proved complicated at the beginning of the years 2000. Although relationships with the LDK, the majority party after the war, continued to be good, the Mother Teresa Society did not receive funding from the coalition government formed with other political parties. Lobbying attempts with the office of the Prime Minister Bajram Rexhepi, member of the opposition Democratic Party of Kosovo, proved unsuccessful, although B. Rexhepi had worked as a doctor in a Mother Teresa Society ambulance in Mitrovica/Mitrovicë¹⁸⁰.

In the years 2000, the Mother Teresa Society had lost its political influence, but was still one of the largest associations in Kosovo, with 5 regional offices in Kosovo, 27 branches and 686 sub-branches in 2004. 13 people worked only in the Prishtinë/Priština headquarters in 2004, mostly with project-based salaries, while Kosovo-wide most people still worked voluntarily. The Society was still present throughout Kosovo, also in areas mainly populated by Kosovo-Serbs. Yet, in 2004 all staff were Kosovo-Albanian. Less active in health care, the Society focused on interethnic dialogue, returns, and poverty reduction. The Society co-ordinated centres which hosted internally displaced people and helped people willing to return to their former villages, rebuild their homes and make a living. It mainly worked with international associations such as Caritas, the Red Cross, Food for Peace, Care International, Malteser, but also received funds from the World Food Programme, the UNHCR and the UN Mission in Kosovo's Department of Labour and Social Welfare, as well as the European Agency for Reconstruction. 4,418 members were registered Kosovo-wide in March 2004. Members each contributed one euro per month to the Society's activities¹⁸¹. In the years 2010, the Society continued providing humanitarian aid and working on peacebuilding through interethnic dialogue. Its new focus was however on social and economic integration projects for disadvantaged population groups such as orphaned children, elderly people, or members of ethnic minority communities.

While well known in Kosovo, the Mother Teresa Society is still regularly present in communications in the media and on social networks: legitimation is a continuous

¹⁷⁸ Ivi, pp. 176 ff.; Cfr. Shala, Interview conducted in Prishtinë/Priština, 3 March 2004.

¹⁷⁹ F.P. Coccozzelli, *War and Social Welfare*, cit., pp. 174, 176 ff.

¹⁸⁰ Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Shala, Interview conducted in Prishtinë/Priština, 15 March 2004.

¹⁸¹ Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Shala, Interview conducted in Prishtinë/Priština, 15 March 2004.

process. The Mother Teresa Society does not conduct «associational diplomacy» as in the 1990s, however in the years 2000 and 2010 the Society started delivering humanitarian aid abroad: the Society's branch in Switzerland started co-operation projects in India in the years 2000, followed by other branches abroad and in Kosovo. The Mother Teresa Society headquarters in Prishtinë/Priština co-ordinated support to the victims of the earthquake in Albania in 2019, and more recently sent humanitarian aid packages to the victims of the war in Ukraine on behalf of Kosovo's Ministry of Foreign Affairs¹⁸².

¹⁸² The Mother Teresa Society, *Projects-MTS*, accessed 15 August 2022 (<http://motherteresasociety.org/project/>); Shala, Interview conducted in Prishtinë/Priština, 3 March 2004; Shala, Interview conducted in Prishtinë/Priština, 6 October 2017; Zef Shala, *RTK3 REFLEKSION 03.01.2020*, 2020 (<https://www.youtube.com/watch?v=azOYnO3ii9E>).